



# **FACILITATOR GUIDEBOOK**

**TRANSPARENCY FOR DEVELOPMENT  
PROGRAM**



**PATTIRO**

**T4D**  
TRANSPARENCY FOR DEVELOPMENT

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# CHAPTER I

# BACKGROUND

## A. TRANSPARENCY FOR DEVELOPMENT PROGRAM

The objectives of the Transparency for Development (T4D) Project are:

- To encourage communities to identify and overcome the main obstacles to maternal and newborn health (MNH) through facilitated discussion and community led creation and implementation of social action plans.
- To evaluate the impact of the action plans on key MNH indicators (e.g. % of women giving birth in a health facility, % of women who make a birth preparedness plans, cleanliness of health facilities, etc.).

## B. MAIN PRINCIPLES FOR FACILITATORS

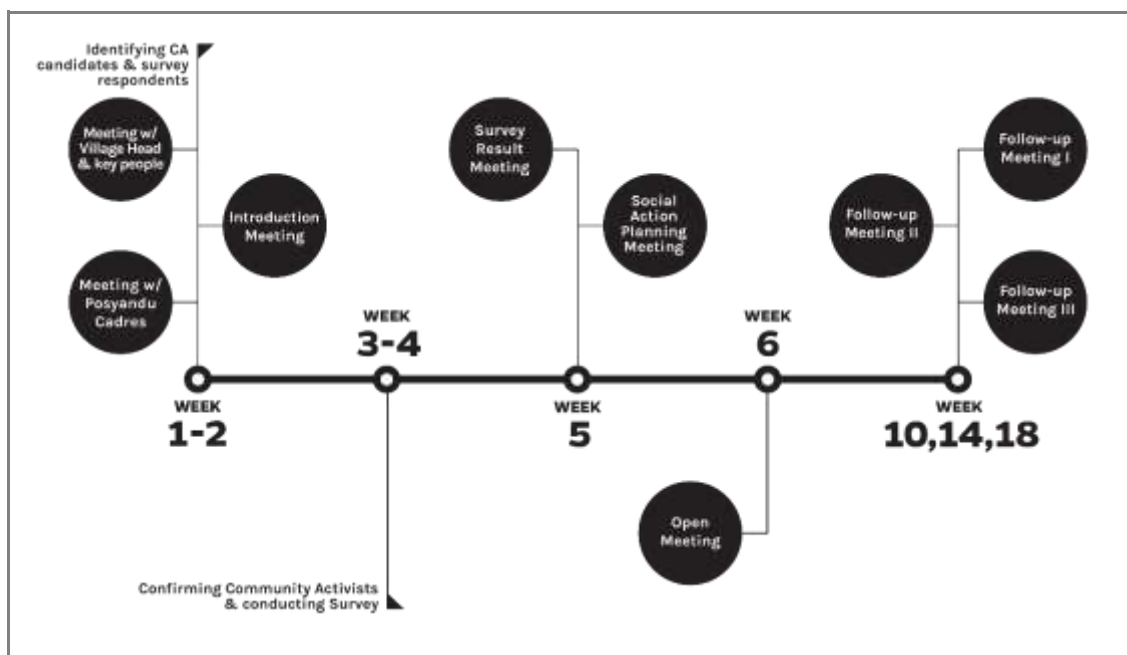
### 1 FACILITATOR'S ROLE

The facilitator helps community members identify and understand their common objectives. The facilitator may assist community members in creating action plans to achieve their objectives; however, he/she may not take a leadership role.

Specifically, in the T4D project, the facilitators serve three main functions:

- First, to **collect primary and secondary data** to promote information transparency in MNH and to help the community identify MNH problems in their villages.
- Second, to **build the awareness in the community** through facilitated community discussions. A large part of this includes identifying potential Community Activists (CAs) who will formulate and implement social action plans.
- Third, to **encourage, facilitate and follow-up** on the development and implementation of a social action plan aimed at improving MNH. The facilitator does not actually decide upon or undertake any social actions himself or herself.

The community meetings follow the model below. There will be a detailed explanation in later chapters of this guidebook outlining instructions on how the facilitator should conduct each meeting.



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## 2 GENERAL FACILITATING TIPS

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- **Facilitating is different from teaching**

Facilitating is a process of encouraging the community design their own social action plans to address the village problems that they have identified. Facilitators may use positive encouragement to build optimism and to raise the community's confidence. The facilitator should not prescribe solutions but may share lessons learned from his or her own personal experiences, or the experiences of others, to help the community think deeply about a feasible action plan.

- **Facilitators must be good listeners**

Listening is a very important skill in facilitating. It is necessary **to appropriately recognize and respect the communities' customs and traditions**. Communities in Indonesia come from a number of different traditions, some of which might be strongly patriarchal or feudalistic; therefore, the communities may need more encouragement to openly express their opinions.

- **Handling in-depth MNH questions**

The T4D project focuses on motivating communities to take action to improve MNH in their villages. Community members might view the facilitator as an MNH expert and might be inclined to ask the facilitator specialized or personal MNH questions. This guidebook provides a basic understanding of the health services that should be provided to mothers and newborns, emphasizing the importance of birth in a health facility. More detailed information is available in Annex A.

However, please keep in mind that **the facilitator is not a trained health provider and should not act as a health expert or provide any specific medical or health advice to community members**. Facilitators should refer all specific questions to trained health providers rather than answering the questions themselves. There might also be questions about BPJS (health insurance), JAMKESMAS, and what rights community members have as card holders. In this case, it would be useful for the facilitator to identify people who could provide such information in (or outside) the village, during the first week of the intervention so that the facilitator could direct the community to these individuals.

- **Social action belongs to the community**

The facilitator must clearly explain that the social action belongs to the community. The facilitator creates room for discussion by providing information regarding problems in the society. He/she may also build community morale by explaining how groups of people in other places managed to solve similar problems. Facilitators should ensure that the community is aware that the he/she does not have any funding to finance the community's social actions. If the desired social action requires funding, the facilitator can encourage the community to create an action plan that includes fundraising to pay for their activities.



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## FREQUENTLY ASKED QUESTIONS ON FACILITATING COMMUNITY MEETINGS

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### **How to handle a meeting with less active or shy participants:**

Some community members may not have experience expressing their ideas in a public forum. As a result, there might be many lulls or pauses during the discussion. This situation can make the facilitator nervous, and it might be tempting to prescribe solutions just to get the meeting going.

### **Remember: The facilitator should not prescribe solutions!**

Instead, the facilitator can ask thought provoking questions to jumpstart discussion. Additionally, the facilitator can share lessons learned from his/her personal experiences and the experiences of others to help the community to generate ideas.

### **How to deal with a dominant participant in a meeting:**

It is important to encourage all members of the community to listen to and to respect one another. Facilitators should listen to each community member and should summarize each conflicting argument in an objective manner. Facilitators should ensure that the participants understand each

different opinion. Participant consensus is ideal, but if this cannot be achieved, facilitators may propose a vote.

### **How to handle arguments or conflict between participants in a meeting:**

Facilitators should listen to the dominant participant - do not cut him/her off when he/she is expressing an opinion. After the participant is finished, facilitators may throw the question to other participants. If they do not respond, the facilitator should ask more questions to encourage other participants to share their opinions.

### **How to handle a meeting with more active or engaged participants:**

Facilitators should listen very carefully. If the participants speak at the same time, the facilitator should ask them to slow down, to speak one by one, and to clarify each of their opinions. If the participant is not clear, the facilitator should repeat the participant's statement in his/her own words, then ask the participant to clarify and confirm (or deny) that this statement aligns with the original intent. Facilitators should not jump to conclusions without confirming them first with the forum/community.

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- **Facilitators should never be the leader of the social action**

The social action process belongs to the community. As such, community members should decide on the social action and carry it out on their own. The facilitator may be a source of information and a discussion partner at the request of the community, but he/she should not be directly involved in designing, leading, or conducting the social action plan. Facilitators should assure the community members that they can perform these actions independently.

- **Facilitators should use a 'local context approach' to communication**

The facilitator may have a different background than the community members, but he/she should attempt to adopt local customs to gain trust. Additionally, since some community members have low literacy levels, the facilitator should integrate visual materials (such as pictures) into meetings and should use simple language during discussion with the community to maximize understanding.

- **Facilitators should maintain professionalism**

The facilitator is responsible for setting an example on how to behave professionally and



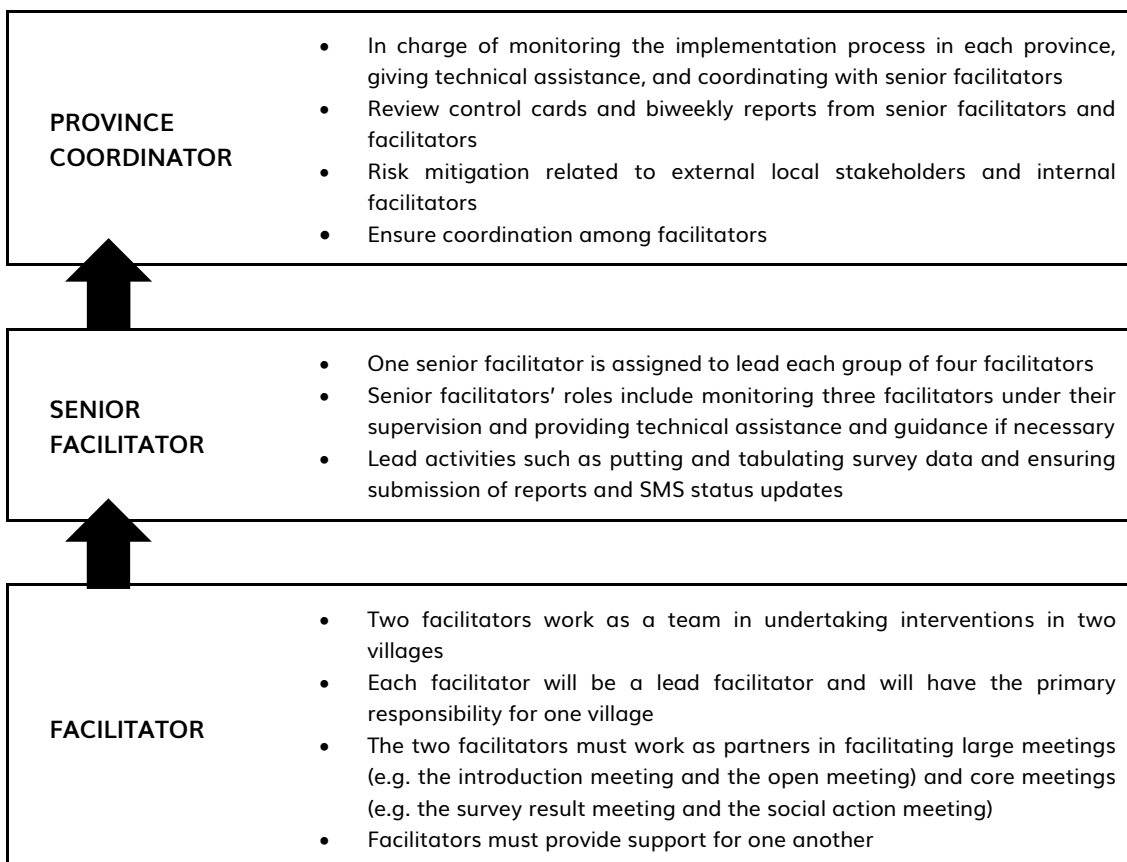
with discipline. For example, it is important for the facilitator to always arrive at the meeting at least 30 minutes in advance to ensure that he/she has time to prepare and to greet attendants as they arrive. The facilitator must arrive on time to each appointment (e.g. an appointment with the Village Head or Village Midwife).

### 3 FACILITATOR TEAM STRUCTURE

Each facilitator will have a co-facilitator/supporting facilitator. Each pair of facilitators will work together on two villages at a time in each wave (there are a total of two waves). This means that each facilitator pair will deliver the program to four villages in total.

For each village, there will be one lead facilitator and one supporting facilitator. The lead facilitator will be in charge of all facilitator roles for that village, including leading meetings with the village head and the Introduction meeting, identifying CAs, administering the survey, leading the survey result meetings and the social action planning meetings, and co-leading the second open meeting and the three follow up meetings (with the CAs helping to lead).

The supporting facilitator should attend and help lead the survey results meetings and social action meetings. The lead facilitator may always ask the supporting facilitator for help with other meetings, if needed.



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## 4 FACILITATOR'S REPORT

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The facilitator should fill out several reports during the intervention to ensure that the intervention's progress is monitored and captured well. These reports consist of:

- **Village Information Report:** Submit every two weeks by filling out the Excel spreadsheets
- **Activity Report (Time Sheet):** Submit every month by filling out daily activities within the month
- **Financial Reports:** Submit every month to report the use of project budget

Moreover, the facilitator must send **SMS check-ins** regularly to update project status (meeting schedule, and whether the meetings has been done or not) to the Province Coordinator.

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## C. BRIEFING: COMMUNITY ACTIVISTS & SOCIAL ACTIONS

As mentioned earlier, one of the core tasks of the facilitator is to identify potential **Community Activists (CAs)** to formulate and implement **social actions**. The following is a brief description of CAs and social action.

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### 1 COMMUNITY ACTIVIST

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‘**Community Activist**’ refers to 15 representatives of the local community who are recruited by the village facilitator. The CAs will attend the scorecard meeting and social action meetings (these meetings are described in more detail in the next chapter) and will lead the social action plan. Roles of a CA include:

- Active participation in the community scorecard meeting and social action meeting
- Planning and leading the implementation of a social action plan
- Motivating the community to support and to participate in social actions

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### 2 COMMUNITY SOCIAL ACTION

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Social action could be broadly defined as practical action in the service of others that meets the following criteria:

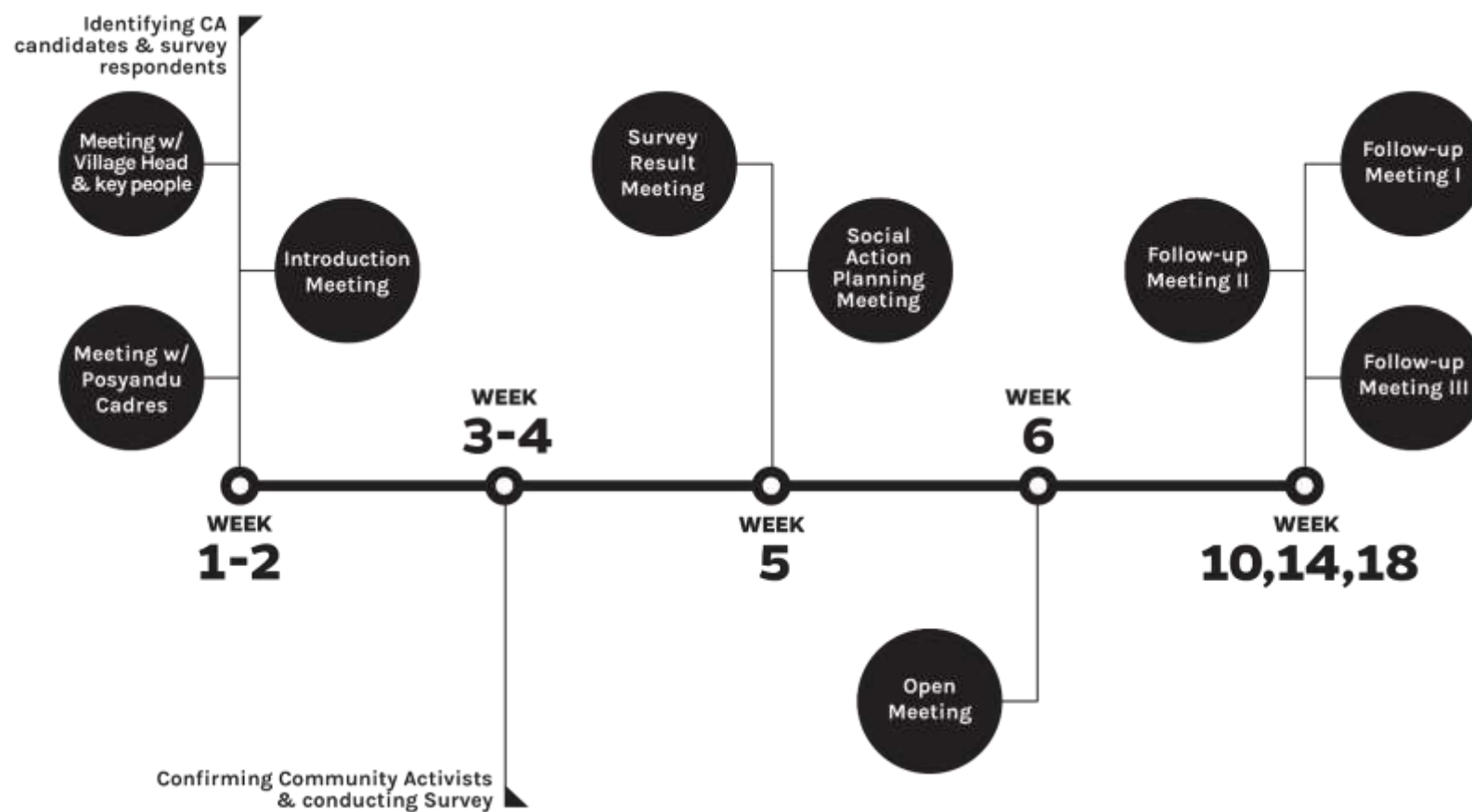
- It is carried out by individuals or groups of people working together
- It is not mandated
- It is not for profit and is done for the good of the community and/or society
- It seeks to bring about social change and/or value

Social action can include formal or informal volunteering, giving time and money, or simply people helping people. Social action, or advocacy, is needed since development practices often use top-down approaches (led by the government or international organizations) which have the potential to ignore or marginalize vulnerable groups, preventing them from getting adequate health services.

–In Indonesia, ‘social action’ is often linked with *gotong-royong* as a collaborative action (e.g. cleaning the environment, building a mosque, or other public facility). This understanding is not incorrect, but it is incomplete. *Gotong-royong* sometimes involves taking directions from the formal leaders and is initiated by formal leaders (e.g.: the village head mobilizes the community to build a mosque together) and thus could become a top-down effort. However, social action is initiated and led by community members themselves.

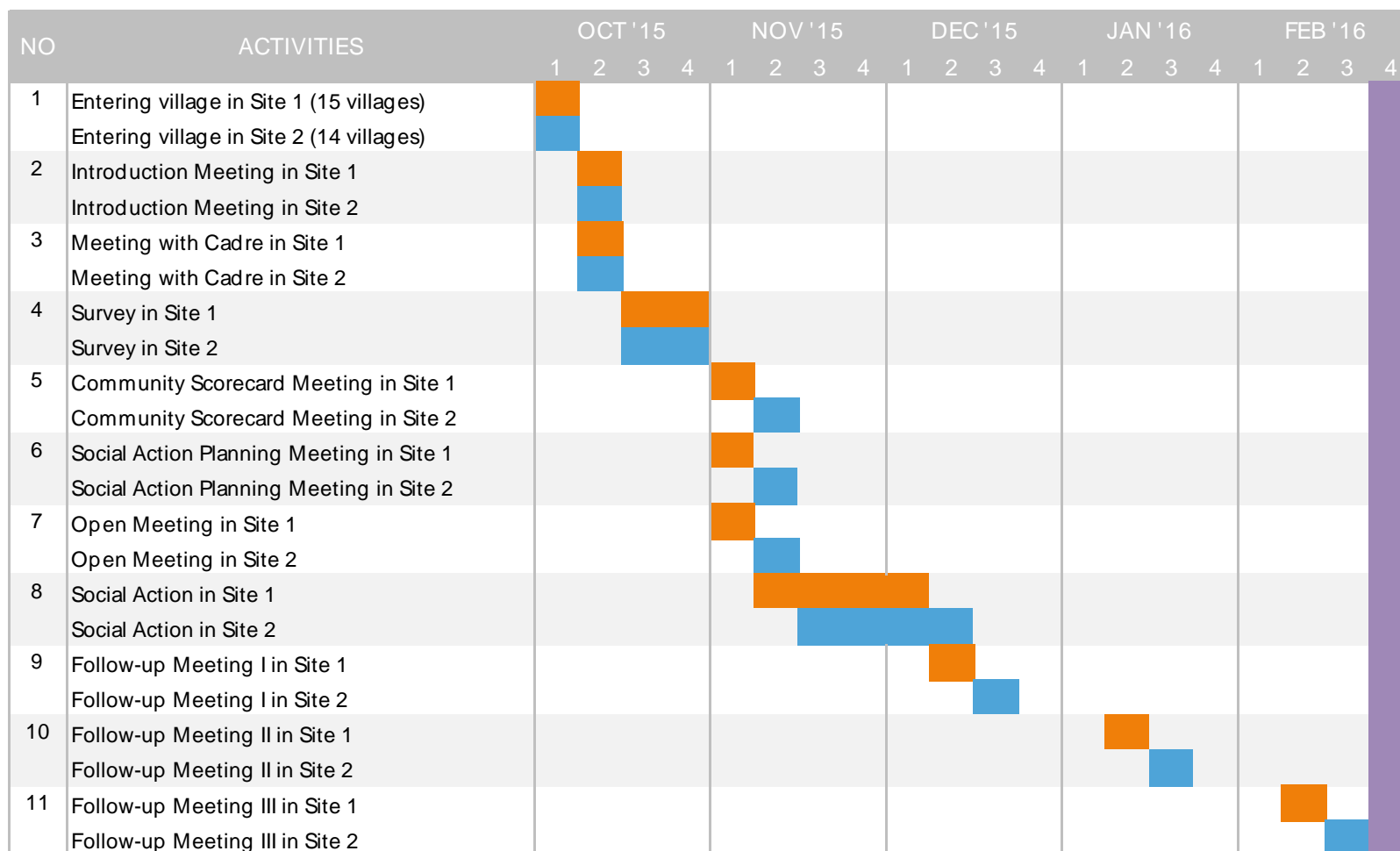
## D. INTERVENTION SCHEDULE

### 1 INTERVENTION MODEL



## 2 INTERVENTION SCHEDULE (SULAWESI & BANTEN)

SULAWESI - CYCLE 1



## BANTEN: CYCLE I

NO	KEGIATAN	OCT '15				NOV '15				DEC '15				JAN '16				FEB '16			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Entering village in Site 1 (11 villages)	■																			
	Entering village in Site 2 (10 villages)	■																			
2	Introduction Meeting in Site 1		■																		
	Introduction Meeting in Site 2		■																		
3	Meeting with Cadre in Site 1		■																		
	Meeting with Cadre in Site 2		■																		
4	Survey in Site 1			■																	
	Survey in Site 2			■																	
5	Community Scorecard Meeting in Site 1				■																
	Community Scorecard Meeting in Site 2					■															
6	Social Action Planning Meeting in Site 1				■																
	Social Action Planning Meeting in Site 2					■															
7	Open Meeting in Site 1				■																
	Open Meeting in Site 2					■															
8	Social Action in Site 1					■	■	■	■	■											
	Social Action in Site 2						■	■	■	■	■										
9	Follow-up Meeting I in Site 1									■											
	Follow-up Meeting I in Site 2										■										
10	Follow-up Meeting II in Site 1											■									
	Follow-up Meeting II in Site 2												■								
11	Follow-up Meeting III in Site 1																■				
	Follow-up Meeting III in Site 2																	■			

## SULAWESI: CYCLE 2

		NOV '15				DEC '15				JAN '16				FEB '16				MAR '16				APR '16			
NO	ACTIVITIES	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Reflection / further training for facilitators																								
2	Entering village in Site 1 (11 villages)																								
	Entering village in Site 2 (10 villages)																								
3	Introduction Meeting in Site 1																								
	Introduction Meeting in Site 2																								
4	Meeting with Cadre in Site 1																								
	Meeting with Cadre in Site 2																								
5	Survey in Site 1																								
	Survey in Site 2																								
6	Community Scorecard Meeting in Site 1																								
	Community Scorecard Meeting in Site 2																								
7	Social Action Planning Meeting in Site 1																								
	Social Action Planning Meeting in Site 2																								
8	Open Meeting in Site 1																								
	Open Meeting in Site 2																								
9	Social Action in Site 1																								
	Social Action in Site 2																								
10	Follow-up Meeting I in Site 1																								
	Follow-up Meeting I in Site 2																								
11	Follow-up Meeting II in Site 1																								
	Follow-up Meeting II in Site 2																								
12	Follow-up Meeting III in Site 1																								
	Follow-up Meeting III in Site 2																								

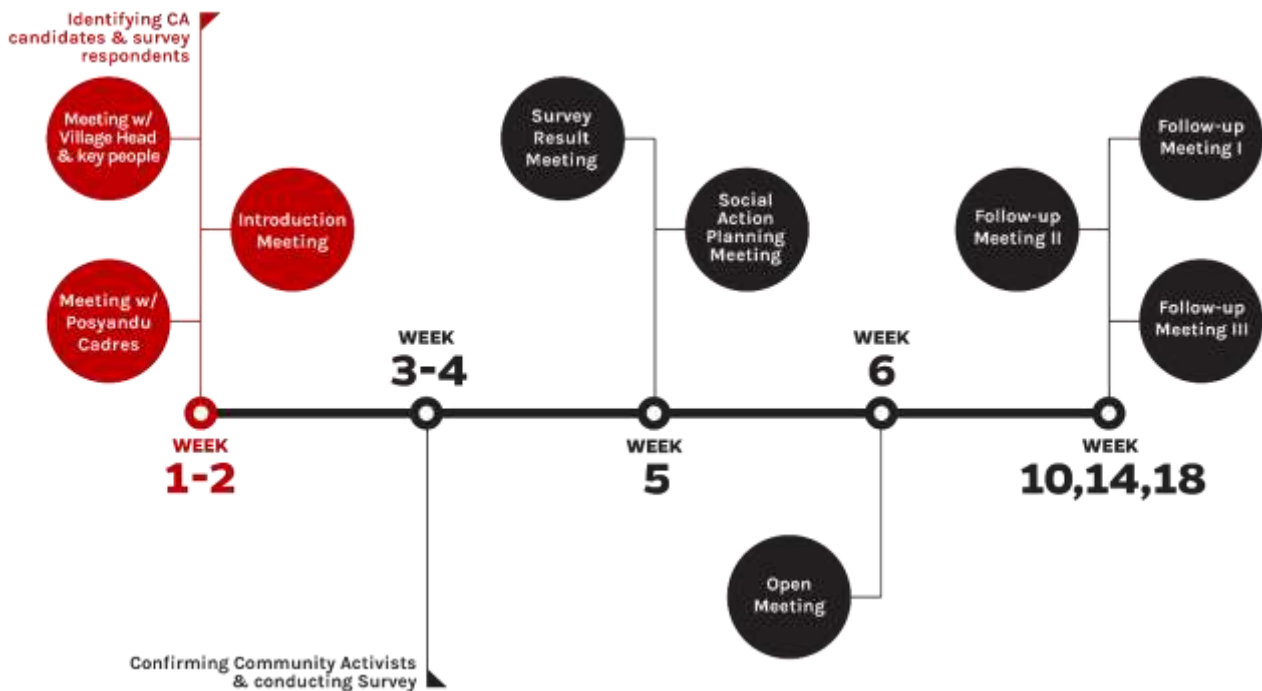


BANTEN: CYCLE 2

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# CHAPTER II

## WEEK 1 & 2



### WHAT FACILITATORS SHOULD ACCOMPLISH IN WEEK 1 AND 2

There are three main objectives for the first two weeks:

- ☐ Identification of CA candidates
- ☐ Identification of survey respondents
- ☐ Finalization of preparations for the remainder of the program: setting the date, time, and location for subsequent meetings

These objectives can be achieved by:

- ☐ Meeting with the Village Head and healthcare workers in the village (midwife, baby *dukun*) – separately
- ☐ Conducting the introduction meeting with village leaders
- ☐ Conducting Posyandu Cadre meetings

## A. IDENTIFYING COMMUNITY ACTIVIST CANDIDATES: GETTING CA'S NAMES

The facilitator is expected to follow the subsequent steps in order to identify CA candidates/to get CAs' names.

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### 1 RECOGNIZE THE FOLLOWING CHARACTERISTICS OF THE COMMUNITY ACTIVISTS

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- Motivated and dedicated in taking a role as a CA and willing to work voluntarily
- Interested in improving the status of MNH, but only has personal experience and does not have in depth knowledge in this field
- Has sufficient time to get involved in this activity (the facilitator needs to note that someone who has been active in community activities might meet other criteria, but may not have sufficient time to participate and commit)
- Able and willing to attend required meetings
- Willing to get involved with community members from various backgrounds

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### 2 SELECTING COMMUNITY ACTIVIST CANDIDATES

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- **Recommendations from meetings that were done by the facilitator**  
During the first two weeks, the facilitator will conduct two important meetings: the introduction meeting and the meeting with Posyandu Cadres. Additionally, the facilitator should meet with the village head, village health personnel (midwives and baby *dukun*), and village figures. During these meetings, the facilitator needs to collect the names of potential CAs by explicitly asking the following question: *"Do you know anyone who is active, vocal, has ideas, and is willing to do the work to improve MNH voluntarily, but also is not a village official and is not too busy leading other village activities?"*
- **Facilitators can also observe potential candidates directly**  
If the facilitator notices any participant(s), who have the characteristics listed in step 1, the facilitator should note their names and put them on a list of potential CAs.
- **Facilitators' observation during other community meetings**  
The facilitator is encouraged to attend several community meetings in this first two weeks. These may be religious meetings for the community, farmer's group meetings, etc. In these meetings, the facilitator should notice any potential candidates and record their names.

- **Persons identified through household surveys**

The facilitator may identify some respondents who seem active, knowledgeable, and interested in the topic of MNH during the survey process with mothers, and the facilitator may ask them to participate as CAs. Those who have personal experience regarding MNH problems (mother with child, etc.) might be very motivated to improve the MNH condition in the village.

- **Informal discussions with community members**

The facilitator might have some opportunities to have informal discussions with other community members, where he/she could identify potential CA candidates.

- **Volunteers / Applicants**

Facilitators might be contacted by some community members who have heard about CA recruitment and are interested in applying. Others might be recommended for the CA position by other community members.

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### 3 CANDIDACY GUIDELINES

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The make-up of each CA team should be balanced across several criteria. After generating a list of possible CA candidates, the facilitator should ask him/herself these questions:

- |  |  |
|--|--|
| <p><i>Does the list of CA candidates</i></p> | <ul style="list-style-type: none"> <li>▪ Include members of non-elite groups?</li> <li>▪ Include representatives from all or most of the sub-villages?</li> <li>▪ Include a mix of young and old people?</li> <li>▪ Include a mix of women and men?</li> </ul> |
|--|--|

If the answer to any of the above questions is 'no', the facilitator should attempt to identify other CA candidates that satisfy the above criteria.

Finally, the following groups **MUST NOT** be elected as CAs:

- Cadres, midwives, and *dukuns*
- Village officers
- RT / RW / Dusun / Kampung Heads (especially if they are appointed by the Village Head)

If there are any cadres, midwives, *dukun*, or village officers on the list, they should be removed.

## B. IDENTIFYING SURVEY RESPONDENTS (FACILITIES AND MOTHERS)

During the first two weeks, the facilitator needs to identify survey targets because he/she conducts the survey in weeks three and four. There are two surveys to be conducted: the Health Facility Survey and the Survey for Mothers (mothers who have given birth in the past two years).

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### 1 IDENTIFYING HEALTH FACILITIES (PUSKESMAS)

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For the facility survey, the facilitator needs to identify one health facility in the form of a Puskesmas. The facilitator selects the Puskesmas whose coverage area includes the village in which facilitator is working.

The facilitator should make an appointment before conducting the survey. After the facilitator identifies the Puskesmas in which his/her village is located, the facilitator needs to establish an appointment to carry out interviews with health personnel at that Puskesmas.

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### 2 IDENTIFYING RESPONDENTS (MOTHERS WHO GAVE BIRTH IN THE PAST TWO YEARS)

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For the mother survey, the facilitator needs to compile a list of all the women who have given birth in the last two years.

#### (1) IDENTIFYING POTENTIAL INFORMANTS

The following are individuals who likely know or have a list of mothers who gave birth in the past two years:

- Posyandu cadres
- Health practitioners, i.e. midwives and baby dukuns
- Community members who happened to be health officials or work for the health office/BKKBN
- Ask around/utilize informal discussion with community members

#### (2) COLLECTING INFORMATION FROM IDENTIFIED INFORMANTS

When the facilitator meets the informants, the facilitator should ask the exact questions below:

- “Do you have a list of mothers who gave birth in the past two years?”
- “Do you know anyone who gave birth in the past two years, even if the baby has died?”
- “Do you know any mother with a baby under two years old?”

Facilitators can also use table on the Annex F (Mothers' List) and give it to the informant so they can write down a list of mothers that have given birth in the past two years.

**(3) CREATING THE FINAL LIST OF MOTHERS WHO GAVE BIRTH IN THE PAST TWO YEARS**

- The facilitator should collect all the Annex F papers that were filled out by the various informants
- The facilitator should identify and delete duplicates
- The facilitator should clarify any ambiguities by asking the informant additional questions
- The facilitator should compile all of the mothers' names that were collected from the informants and should record them in the "Village Information Report" under the 'Complete Mothers List' tab. At the time of data entry, the mothers' names should be organized alphabetically. After filling in the mothers' information, facilitators should then use a random number generator to assign random numbers to each mother and to select respondents.

## C. FINALIZING PREPARATIONS FOR SUBSEQUENT MEETINGS

In these first two weeks, the facilitator needs to determine the dates for subsequent meetings so that all activities can be completed on schedule. This means that the facilitator must ensure that the two main meetings (the Introduction Meeting and the Posyandu Cadres Meeting) take place in these first two weeks. Additionally, the facilitator needs to determine the dates for the next meetings (the Survey results Meeting, the Social Action Meeting, and the Open Meeting) so that each meeting can be conducted in accordance with the schedule.

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### IMPORTANT NOTE

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The three activities above (getting CA candidates' names, identifying survey respondents, and finalizing preparations for subsequent meetings) are the main objectives for facilitators in these first two weeks. Facilitators are expected to hold individual or group meetings to achieve those three main goals.

The facilitator is expected to meet in person with the following people in the first two weeks:

- The Village Head
- The practitioners/health personnel in the village (midwives, dukun) separately
- Village figures (if needed)

Meanwhile, the two main meetings in the first two weeks are:

- The Introduction Meeting
- The Posyandu Cadre Meeting

As long as the objectives are met, the facilitator is free to schedule these meetings at any time in the first two weeks. This handbook does not regulate the order of these meetings, but based on experience, this sequence tends to be effective:






- Meeting with Village Head
- Introduction Meeting
- Meeting with midwife, baby *dukun*, other practitioners (separately)
- Posyandu cadre meeting

An explanation of the agenda from these meetings can be found in the next section.

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## D. MEETING WITH VILLAGE HEAD / VILLAGE FIGURES

 <p>Objectives</p>	<ul style="list-style-type: none"> <li>• To introduce the intervention and the purpose of the program to the village head and to gain his/her permission to implement the program</li> <li>• To get necessary information:</li> <li>• Dates and participants for Introduction Meeting and Cadre Meeting</li> <li>• Details on health practitioners - midwives and other health practitioners</li> <li>• List of mothers who have given birth in the past two years</li> <li>• Names of potential CA candidates</li> </ul>		
 <p>Participants</p>	<ul style="list-style-type: none"> <li>• <b>Facilitator</b> – Lead facilitator</li> <li>• <b>Village Head</b> – if necessary meet with other village figures as well (separately)</li> </ul>		
 <p>Duration</p>	<p>1-2 hours</p>		
 <p>Equipment</p>	<table> <tr> <td data-bbox="502 1265 758 1332"> <b>Equipment:</b>  Notebook; stationery </td><td data-bbox="853 1265 1332 1332"> <b>Materials:</b>  Program Introduction Leaflet (Annex E1) </td></tr> </table>	<b>Equipment:</b> Notebook; stationery	<b>Materials:</b> Program Introduction Leaflet (Annex E1)
<b>Equipment:</b> Notebook; stationery	<b>Materials:</b> Program Introduction Leaflet (Annex E1)		
 <p>Agenda</p>	<ul style="list-style-type: none"> <li>• Self-introduction and introducing PATTIRO</li> <li>• Discussion of MNH issues</li> <li>• Explanation of the intervention</li> <li>• Request of information about the village and CA candidates</li> <li>• Request of dates and participants for other community meetings</li> </ul>		

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## 1 DETAILED RUNDOWN

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### (1) SELF-INTRODUCTION AND INTRODUCING PATTIRO

- The facilitator should introduce him/herself and the organization, the facilitator can follow or modify the script below:
- *“My name is \_\_\_\_\_. I’m from a social organization called PATTIRO. PATTIRO works and learns together with the community to understand problems and to find solutions. PATTIRO aims to empower the community so that they can solve their own problems. We have offices throughout different provinces, including one in \_\_\_\_\_ (Jeneponto, South Sulawesi Province /Serang, Banten Province).”*
- Introduce the purpose of the meeting by using or modifying the script below:  
*“I am here to introduce a series of activities to motivate community members to improve MNH status in the village. The program itself relies on volunteerism of community members, and I, as facilitator, am only here to motivate the community and to share ways in which the community can take action.”*

### (2) DISCUSSING MNH ISSUES

- Start with compelling statistics on MNH, such as:  
*“Maternal and newborn health is one of the greatest health challenges in Indonesia. A woman dies every hour giving birth. From 2007 to 2012, the maternal mortality rate (MMR) increased from 228 per 100,000 births, to 359 (Basic Health Survey 2007 – 2012, Health Ministry). This is three times higher than the target of the 2015 Millennium Development Goals (MDGs): 102 per 100,000 births.”*
- Give general conclusions as follows:  
*“The health of pregnant mothers, of mothers giving birth, and of infants is very important because these populations are especially vulnerable to disease. Furthermore, most maternal and infant deaths can be prevented with appropriate measures.”*
- Dig deeper in local experience by asking:  
*“Does anyone want to share experiences/stories about maternal and child health problems in this village?”*

### (3) EXPLANATION OF THE INTERVENTION

- Provide the following brief explanation of the intervention:  
*“The goal of the intervention is to motivate representatives and volunteers from the community to devise social actions aimed at improving MNH in the village. To achieve this, I will require the involvement of Community Activists, who are individuals appointed to represent their community, in a series of activities. The CAs will eventually be expected to plan and implement social actions to improve the MNH status in the village.”*
- Provide a **detailed explanation** of the intervention by referring to Annex E.1: Introduction Program Leaflet

#### **(4) GETTING INFORMATION FOR THE LIST OF MOTHERS AND COMMUNITY ACTIVIST CANDIDATES**

Facilitators should ask the Village Head for following information:

- A list of Posyandu Cadres or other people who have a record of mothers who gave birth in the past two years
- Recommendations of potential community activists or public figures who might be able to suggest CA candidates. The facilitator should meet with these individuals to talk about CA candidates.

#### **(5) GETTING DATES AND PARTICIPANTS FOR OTHER COMMUNITY MEETINGS**

(a) For the Introduction Meeting:

- The facilitator should explain that the he/she hopes to introduce the program to other community leaders and members through an introduction meeting
- The facilitator should ask the Village Head for an appropriate time and place for the introduction meeting – preferably in the same week or early in the following week.
- The facilitator should ask the Village Head for recommendations on who to invite (30 people), which should consist of following:
  - Formal village apparatus: head of village, village secretary, and so on
  - Head of each sub-village within the village
  - Health personnel in the village- midwives, baby dukun, and community members that work for the health office or BKKBN
  - Informal leaders, such as village and sub-village imams, head of RTs and RWs, PKK leaders, leaders of local organizations such as youth organizations, farmer organizations, art and sport organizations, etc.

(b) For the meeting with the village's health personnel (both traditional and professional)

- The facilitator should explain that he/she hopes to introduce the program, to obtain the health personnel's support, and to learn about the MNH status of the village from both the professional and traditional health personnel
- The facilitator should ask for contact information of the village midwives and baby dukun, then arranged separate meetings for each of them

(c) For the Posyandu Cadre meeting

- The facilitator should explain that he/she would conduct a meeting with Posyandu Cadres to learn about the MNH status in the village
- The facilitator should ask for a list of Posyandu Cadres (and their contact information) in the village. Then, the facilitator should arrange separate meetings with about 15 of the Posyandu Cadres

— During interaction with the village head or community leaders, facilitators **SHOULD NOT** make any promises. Use carefully selected words and avoid such words as: 'help', 'give', 'aid', etc. to avoid misconceptions. Instead, explain that the role of the facilitator is to promote discussion about MNH issues and to empower the community to address these issues through social action. Therefore, the success of the program largely depends on the participation of the community. The facilitator should convey that he/she cannot give any monetary or material aid.

— **Follow-up Steps.** The facilitator should use the information provided by the Village Head to arrange the next set of activities with the relevant people.

## E. INTRODUCTION MEETING

 <p>Objectives</p>	<ul style="list-style-type: none"> <li>• To introduce the intervention activities to the village leaders, and to gain their support in implementing the intervention activities</li> <li>• To get the dates for the Survey Results Meeting, Community Action Meeting, and Open Meeting</li> <li>• To get the names of potential CA candidates</li> <li>• To get informant names for mother who gave birth in the past two years</li> </ul>
 <p>Participants</p>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• Participants: 30 village representatives and community leaders</li> </ul>
 <p>Duration</p>	<p>1-2 hours</p>
 <p>Equipment</p>	<div> <div> <p><b>Tools:</b></p> <ul style="list-style-type: none"> <li>• Black cloth; spray glue</li> <li>• Flipchart</li> <li>• Scotch tape</li> <li>• Marker pen</li> <li>• Metaplan</li> </ul> </div> <div> <p><b>Materials:</b></p> <p>Program Introduction Leaflet (Annex E1)</p> <p><b>Matrices / Tables:</b></p> <p>Intervention Model</p> </div> </div>
 <p>Agenda</p>	<ul style="list-style-type: none"> <li>• Opening by Village Head</li> <li>• Introductions: facilitator and participants; explanation of meeting purpose and agenda</li> <li>• Discussion of MNH issues</li> <li>• Explanation of the intervention</li> <li>• Collection of potential CA candidates</li> <li>• Collection of information on mothers who have given birth over the past two years</li> <li>• Collection of information to prepare for other community meetings</li> </ul>

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## 1 DETAILED RUNDOWN

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### (1) OPENING BY VILLAGE HEAD

Having previously met with the facilitator, the Village Head should have an understanding of the proposed intervention. In the opening speech, the Village Head should emphasize the importance of social action. The Village Head should also explain that the presence of the facilitator is to encourage citizens to independently plan and carry out social actions to improve the health conditions of mothers and children in the village.

### (2) INTRODUCTIONS: FACILITATOR AND PARTICIPANTS; EXPLANATION OF MEETING PURPOSE AND AGENDA

- The facilitator should introduce him/herself and the organization, the facilitator can follow or modify the script below:  
*“My name is \_\_\_\_\_. I’m from a social organization called PATTIRO. PATTIRO works and learns together with the community to understand problems and to find solutions. PATTIRO aims to empower the community so that they can solve their own problems. We have offices throughout different provinces, including one in \_\_\_\_\_ (Jeneponto, South Sulawesi Province /Serang, Banten Province).”*
- Ask participants to introduce themselves
- The facilitator should introduce the purpose of the meeting by using or modifying the script below:  
*“I am here to introduce a series of activities to motivate community members to improve MNH status in the village. The program itself relies on volunteerism of community members, and I, as facilitator, am only here to motivate the community and to share ways in which the community can take action.”*  
  
*“We need you to help us by providing information on the current status of MNH in the village, by collecting the names of mothers who have given birth in the past two years, and by suggesting community members who might be willing and able to get involved in this effort as Community Activists.”*
- Introduce the agenda of the meeting (as described above)

### (3) DISCUSSING MNH ISSUES

- Start with compelling statistics on MNH, such as:  
*“Maternal and newborn health is one of the greatest health challenges in Indonesia. A woman dies every hour giving birth. From 2007 to 2012, the maternal mortality rate (MMR) increased from 228 per 100,000 births, to 359 (Basic Health Survey 2007 – 2012, Health Ministry). This is three times higher than the target of the 2015 Millennium Development Goals (MDGs): 102 per 100,000 births.”*
- Give general conclusions as follows:  
*“The health of pregnant mothers, of mothers giving birth, and of infants is very important*

*because these populations are especially vulnerable to disease. Furthermore, most maternal and infant deaths can be prevented with appropriate measures."*

- Dig deeper in local experience by asking:  
*"Does anyone want to share experiences/stories about maternal and child health problems in this village?"*
- The facilitator can continue discussions to emphasize the importance of MNH. The goal is to help community members recognize the need to improve MNH conditions in their village.

#### **(4) EXPLANATION OF THE INTERVENTION**

- Before the facilitator starts explaining the intervention, he/she should ask some preliminary questions:  
*"Has anyone heard the term 'social action'?"*  
*"Does anyone want to explain what social action is?"*  
*"What are some social actions that have been done by people in this village?"*
- From this discussion, the facilitator should ensure that participants understand the meaning of 'social action', and that they can give some examples of social actions that have been done before
- Provide the following **brief explanation** of the intervention:  
*"People in this village have carried several social actions before, which is remarkable! My purpose in this village is not that different from what has already been done in this community. I am here to encourage some representatives/volunteers from the community to create and carry out a plan of action whose goal is to improve the community's MNH status. To achieve this, I will require the involvement of Community Activists, who are individuals appointed to represent their community, in a series of activities. The CAs will eventually be expected to plan and implement social actions to improve the MNH status in the village."*
- The facilitator should then explain the Intervention Model to give a more detailed account of the activities that will be carried out.
- The facilitator should hand out Introduction Program Leaflets (Appendix E1) and should allow time for the participants to read it and ask questions, if needed.

#### **(5) COLLECTING NAMES OF CA CANDIDATES**

- By referring to the leaflets, ask if there are any suitable candidates to become CAs:  
*"Do you know anyone who is active, vocal, innovative, and is willing to invest time and energy to voluntarily improve MNH in the community? These individuals cannot be village officials, and they should not be too busy leading other village activities."*
- The facilitator should note the names and contact information of the CA candidates mentioned by the participants of the meeting.



- The facilitator should not rush this process; he/she should give the participants time to think about who they want to recommend for CA candidacy. The facilitator can also follow up with the participants after the meeting to get more CA recommendations if the participants cannot provide the names during this meeting.

## **(6) GETTING INFORMATION ABOUT MOTHERS WHO GAVE BIRTH IN THE PAST TWO YEARS**

Facilitators should use this meeting as an opportunity to get some information for the mother survey:

- Facilitators should ask for the names of people who might have a list of women who gave birth in the past two years
- If the information is available, the facilitator can ask for and record the contact information of women gave birth in the past two years

## **(7) GETTING INFORMATION TO PREPARE FOR OTHER COMMUNITY MEETINGS**

- The facilitator should set a temporary date for the Survey Results Meeting and for the Social Action Meeting
- The lead facilitator should communicate with the co-facilitator/supporting facilitator when setting the time and dates for meetings. It is important that the supporting facilitator also join these meetings, so select a time and date that he/she is available

— At the end of this meeting, before the participants leave the meeting room, the facilitator should distribute extra Program Explanation leaflets (Annex E1) to be distributed to more community members. Some of the participants will likely be leaders of various groups in the village (farmer's groups, PKK, prayer groups, etc) or might hold key positions in the village (the sub-village heads, village imam, etc.). Ask the participants to distribute the leaflets to their respective group members and to as many other community members as possible, while encouraging them to volunteer as CAs.

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## NEXT STEPS AFTER THE MEETING

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### **Preparation for Meeting with Midwife and other Health Practitioners**

Once the midwife and the baby dukun are identified, the facilitator should do the following:

- Contact the midwife and the baby dukun to arrange separate meetings
- Distribute the List of Mothers form (Annex F), and ask them to fill it out before meeting with the facilitator

### **Preparation for Cadre Meeting**






Once the cadres for each Posyandu are identified, the facilitator should do the following:

- Contact the cadres and arrange a date, time, and place for a meeting
- Distribute the invitation and the List of Mothers form (Annex F), and ask them to fill out the form before meeting with the facilitator

— Note: The facilitator should make an extra effort to ensure that the midwives do not come to the cadres' meeting! Based on experience, midwives can dominate these meetings and might be inclined to come to an MNH meeting even if not invited. Thus, the facilitator should meet the midwife beforehand and should explain that she is not invited to the cadres' meeting.

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## F. MEETING WITH MIDWIFE AND OTHER HEALTH PRACTITIONERS

 <b>Objectives</b>	<ul style="list-style-type: none"> <li>• To explain the intervention to the midwives and health practitioners</li> <li>• To ask for CA candidate recommendations</li> <li>• To get the names of mothers who gave birth in the past two years</li> </ul>
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Lead facilitator</li> <li>• Participants: midwife / baby dukun / other health practitioners (in separate meetings)</li> </ul>
 <b>Duration</b>	1-2 hours
 <b>Equipment</b>	<div> <div>Tools:</div> <ul style="list-style-type: none"> <li>• Notebook</li> <li>• Stationery</li> </ul> </div> <div> <div>Materials:</div> <div>Program    Introduction    Leaflet</div> <div>(Annex E1)</div> </div>
 <b>Agenda</b>	<ul style="list-style-type: none"> <li>• Introduction of facilitator and introduction of PATTIRO</li> <li>• Discussion of MNH issues</li> <li>• Explanation of the intervention</li> <li>• Collection of information on mothers who gave birth in the past two years</li> <li>• Collection of CA candidate recommendations</li> </ul>

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### 1 DETAILED RUNDOWN

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— The facilitator may modify or skip some of the steps in 1-3 if the midwife/baby dukun came to the Introduction Meeting. The facilitator might just want to outline the purpose of the meeting.

#### (1) INTRODUCTION OF FACILITATOR AND INTRODUCTION OF PATTIRO

- The facilitator should introduce him/herself and the organization; the facilitator can follow or modify the script below:

*“My name is \_\_\_\_\_. I’m from a social organization called PATTIRO. PATTIRO works and learns together with the community to understand problems and to find*

solutions. PATTIRO aims to empower the community so that they can solve their own problems. We have offices throughout different provinces, including one in \_\_\_\_\_ (Jeneponto, South Sulawesi Province /Serang, Banten Province)."

- Explain the purpose of intervention:  
*"My purpose in this village is to motivate community members to develop concrete social actions to improve the MNH status in the village. I need your help in providing general information on the MNH status in the community. In particular, I need your help in providing the names of mothers who gave birth in the past two years, and in providing recommendations for Community Activist candidates."*

*"We will be conducting a survey of the mothers on that list to identify problems that they encountered while using MNH services. The CAs will then devise and implement an action plan addressing these problems."*

## (2) DISCUSSING MNH ISSUES

- Start with a compelling statistic on MNH, such as:  
*"Maternal and newborn health is one of the greatest health challenges in Indonesia. A woman dies every hour giving birth. From 2007 to 2012, the maternal mortality rate (MMR) increased from 228 per 100,000 births, to 359 (Basic Health Survey 2007 – 2012, Health Ministry). This is three times higher than the target of the 2015 Millennium Development Goals (MDGs): 102 per 100,000 births."*
- Give general conclusion as follows:  
*"The health of pregnant mothers, of mothers giving birth, and of infants is very important because these populations are especially vulnerable to disease. Furthermore, most maternal and infant deaths can be prevented with appropriate measures."*
- Dig deeper to local experience by asking:
  - *"Have there been any cases of women who died during pregnancy/delivery or after delivery? How about babies?"*
  - *"What are some of the most urgent MNH issues in this village? Do you want to share your experience on this?"*

## (3) EXPLANATION OF THE INTERVENTION

- Provide the following **brief explanation** of the intervention. It is important to clearly explain why they (midwife, baby dukun), as the health practitioners in the village, are not involved in these activities to improve MNH.

*"The goal of the intervention is to motivate representatives and volunteers from the community to devise social actions aimed at improving MNH in the village. To achieve this, I will require the involvement of Community Activists, who are individuals appointed to represent their community, in a series of activities. The CAs will eventually be expected to plan and implement social actions to improve the MNH status in the village."*

*“It is very important that these actions are devised and carried out by regular members of the community, rather than by formal health workers, who are already aware of the issues. The purpose of the program is to engage the larger community and to encourage them to take a more active role in improving the village’s MNH status. It will be helpful to you as a midwife/baby dukun if all community members are aware of the village’s MNH problems and are passionate about working towards solutions to these problems.”*

- Provide a **detailed explanation** of the intervention by referring to the Introduction leaflets (Annex E1: Introduction Leaflets)






#### **(4) COLLECTION OF THE LIST OF MOTHERS WHO GAVE BIRTH IN THE PAST TWO YEARS**

- The facilitator should ask for the List of Mothers form distributed earlier (Annex F). The facilitator should ensure that the information provided is clear (name of mother, name of baby, DoB of baby, and address)
- Once the list is compiled, the facilitator should ask the midwives/baby dukun whether they can think of anyone else who gave birth but is not on the list (e.g. a mother who never attended the health facility, a mother whose child died, etc.)
- The facilitator should explain that it is extremely important that the data represents the community, so it is crucial that no woman is left out.

#### **(5) COLLECTION OF THE NAMES OF CA CANDIDATES**

- By referring to the leaflets, the facilitator should ask if the health worker knows of any suitable candidates to become CAs. The facilitator may ask explicitly:  
*“Do you know anyone who is active, vocal, innovative, and willing to dedicate time and effort to improving the village’s MNH status? This individual cannot be a village official and must not be too busy leading other village activities.”*
- Note the names and contact information of the CA candidates mentioned by the midwife/baby dukun

## G. POSYANDU CADRES' MEETING

 <p>Objectives</p>	<ul style="list-style-type: none"> <li>• To explain the intervention to the Posyandu Cadres</li> <li>• To get a list of mothers who gave birth in the past two years</li> <li>• To get the names of potential CA candidates</li> </ul>		
 <p>Participants</p>	<ul style="list-style-type: none"> <li>• Facilitator and co-facilitator</li> <li>• Participants: Cadres from each Posyandu in the village (10-15)</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>• Facilitators should ensure that the cadres are senior enough to have sufficient knowledge and experience concerning the MNH status in the village</li> <li>• In cases in which the only available personnel are newly recruited in the Posyandu, facilitators should invite at least two personnel in order to capture sufficient information</li> </ul>		
 <p>Duration</p>	<p>1-2 hours</p>		
 <p>Equipment</p>	<table> <tr> <td> <p>Equipment:</p> <ul style="list-style-type: none"> <li>• Notebook</li> <li>• Stationery</li> </ul> </td><td> <p>Materials:</p> <p>Program Introduction Leaflet (Annex E1)</p> </td></tr> </table>	<p>Equipment:</p> <ul style="list-style-type: none"> <li>• Notebook</li> <li>• Stationery</li> </ul>	<p>Materials:</p> <p>Program Introduction Leaflet (Annex E1)</p>
<p>Equipment:</p> <ul style="list-style-type: none"> <li>• Notebook</li> <li>• Stationery</li> </ul>	<p>Materials:</p> <p>Program Introduction Leaflet (Annex E1)</p>		
 <p>Agenda</p>	<ul style="list-style-type: none"> <li>• Introduction: facilitator and participants; explanation of meeting purpose and agenda</li> <li>• Discussion of MNH issues</li> <li>• Explanation of intervention</li> <li>• Collection of the names of mothers who gave birth in the past two years</li> <li>• Collection of the names of potential CA candidates</li> </ul>		

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## 1 DETAILED RUNDOWN

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— Facilitators may modify or skip some of the steps in 1-3 if the Posyandu Cadres came to the Introduction Meeting. The facilitator may just want to explain the purpose of the meeting.

### (1) INTRODUCTION: FACILITATOR AND PARTICIPANTS; EXPLANATION OF MEETING PURPOSE AND AGENDA

- The facilitator should introduce him/herself and the organization; the facilitator can follow or modify the script below:  
*“My name is \_\_\_\_\_. I’m from a social organization called PATTIRO. PATTIRO works and learns together with the community to understand problems and to find solutions. PATTIRO aims to empower the community so that they can solve their own problems. We have offices throughout different provinces, including one in \_\_\_\_\_ (Jeneponto, South Sulawesi Province /Serang, Banten Province).”*
- The facilitator should ask the participants to introduce themselves (the facilitator may use the icebreaking methods listed on Annex D)
- The facilitator should introduce the purpose of the meeting; the facilitator can follow or modify the script below:  
*“I am here to introduce a series of activities to motivate community members to improve MNH status in the village. The program itself relies on volunteerism of community members, and I, as facilitator, am only here to motivate the community and to share ways in which the community can take action.”*  
  
*“We need you to help us by providing information on the current status of MNH in the village, by collecting the names of mothers who have given birth in the past two years, and by suggesting community members who might be willing and able to get involved in this effort as Community Activists.”*
- The facilitator should then introduce the agenda of the meeting (as described above)

### (2) DISCUSSION OF MNH ISSUES

- Start with a compelling statistic on MNH, such as:  
*“Maternal and newborn health is one of the greatest health challenges in Indonesia. A woman dies every hour giving birth. From 2007 to 2012, the maternal mortality rate (MMR) increased from 228 per 100,000 births, to 359 (Basic Health Survey 2007 – 2012, Health Ministry). This is three times higher than the target of the 2015 Millennium Development Goals (MDGs): 102 per 100,000 births.”*
- Give general conclusion as follows:  
*“The health of pregnant mothers, of mothers giving birth, and of infants is very important*

*because these populations are especially vulnerable to disease. Furthermore, most maternal and infant deaths can be prevented with appropriate measures.”*

- Dig deeper to local experience by asking:
  - “Who wants to share about some MNH problems in this village?”
  - “Are there still many women who give birth at home?”

### **(3) EXPLANATION OF THE INTERVENTION**

- Provide the following **brief explanation** of the intervention:
 

*“The goal of the intervention is to motivate representatives and volunteers from the community to devise social actions aimed at improving MNH in the village. To achieve this, I will require the involvement of Community Activists, who are individuals appointed to represent their community, in a series of activities. The CAs will eventually be expected to plan and implement social actions to improve the MNH status in the village.”*
- *“We will be conducting a survey of mothers who gave birth in the past two years to identify problems that they encountered while using MNH services. The CAs will then devise and implement an action plan addressing these problems.*
- *“It is very important that these actions are devised and carried out by regular members of the community, rather than by formal health workers, who are already aware of the issues. The purpose of the program is to engage the larger community and to encourage them to take a more active role in improving the village’s MNH status. It will be helpful to you as cadres if all community members are aware of the village’s MNH problems and are passionate about working towards solutions to these problems.”*
- Provide a **detailed explanation** of the intervention by referring to the Introduction Leaflets (Annex E1: Introduction Leaflets)

### **(4) COLLECTION OF THE NAMES OF MOTHERS WHO GAVE BIRTH IN THE PAST TWO YEARS**

- The facilitator should ask for the List of Mothers form distributed earlier (Annex F). The facilitator should ensure that the information provided is clear (name of mother, name of baby, DoB of baby, and address)
- Once the list is compiled, the facilitator should ask the cadres whether they can think of anyone else who gave birth but is not on the list (e.g. a mother who never attended the health facility, a mother whose child died, etc.)
- The facilitator should explain that it is extremely important that the data represents the community, so it is crucial that no woman is left out.

### **(5) COLLECTION OF THE NAMES OF POTENTIAL CA CANDIDATES**

- By referring to the leaflets, the facilitator should ask if the cadres know of any suitable candidates to become CAs. The facilitator may ask explicitly:



*“Do you know anyone who is active, vocal, innovative, and willing to dedicate time and effort to improving the village’s MNH status? This individual cannot be a village official and must not be too busy leading other village activities.”*

- The facilitator should note the names and contact information of the CA candidates suggested by the cadres

## H. CHECKLIST FOR WEEK 1 & 2

### COMMUNITY ACTIVIST AND RESPONDENT IDENTIFICATION

Tick (✓) the box next to the activity that has been completed

IDENTIFYING CA CANDIDATES		IDENTIFYING SURVEY TARGETS	
<input type="checkbox"/>	1 Identify people with desired characteristics	<input type="checkbox"/>	1 Identify health facilities (Puskesmas)
<input type="checkbox"/>	2 Ask for recommendations from the Head of Village	<input type="checkbox"/>	2 Make an appointment for the facility survey with the staff in charge of the Puskesmas (survey will be conducted during week 3-4)
<input type="checkbox"/>	3 Ask for recommendations during Introduction Meeting	<input type="checkbox"/>	3 Identify resource people who might know of or have a list of mothers who gave birth over the past two years
<input type="checkbox"/>	4 Ask for recommendations during Cadre Meeting	<input type="checkbox"/>	4 Ask for the list of mothers from the resource people, (midwife, cadre, etc.)
<input type="checkbox"/>	5 Ask for recommendations from the Midwife and baby dukun	<input type="checkbox"/>	5 Record the list of mothers
<input type="checkbox"/>	6 Ask for recommendations from random community members (through informal discussions)	<input type="checkbox"/>	6 Identify duplicates and verify/cross-check all of the information
<input type="checkbox"/>	7 Ensure that the candidates are not health personnel		
<input type="checkbox"/>	8 Ensure that the candidates are not formal village leaders		

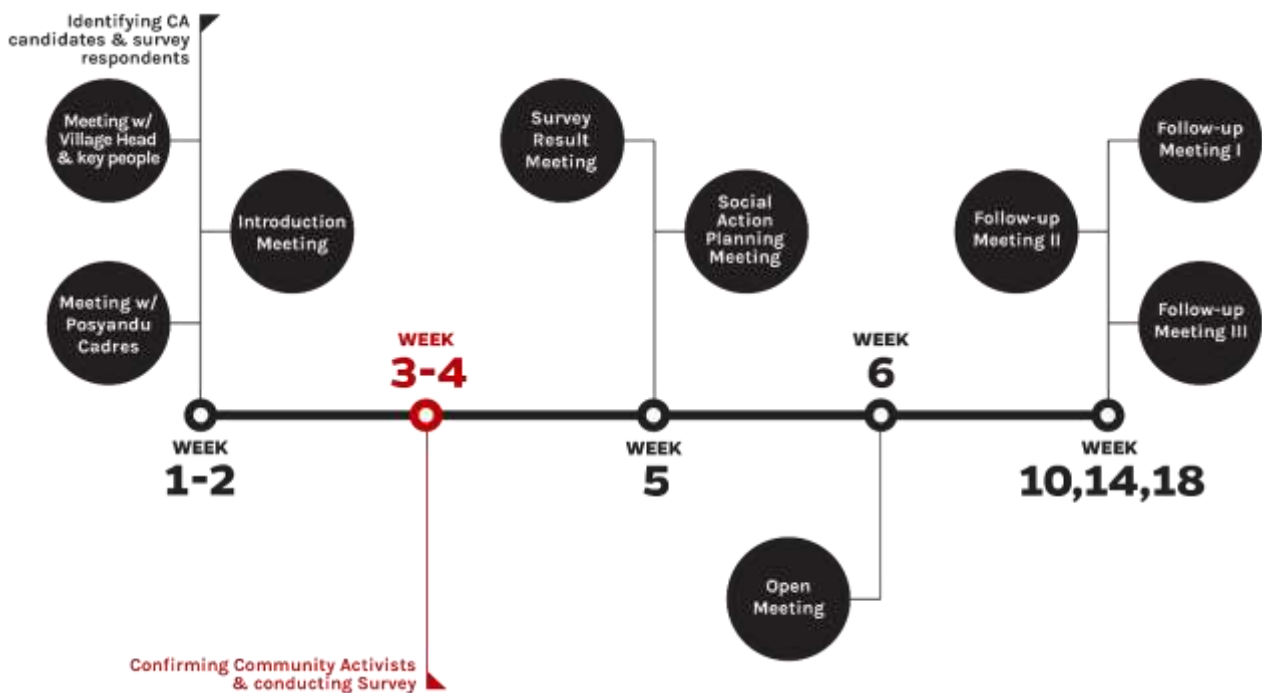
## MEETING CHECKLIST

Tick (✓) the box next to the activity that has been completed

MEETING WITH VILLAGE HEAD	INTRODUCTION MEETING	MEETING WITH MIDWIFE AND OTHER HEALTH PRACTITIONERS	POSYANDU CADRES MEETING
<input type="checkbox"/> 1 Introduction of facilitator and PATTIRO	<input type="checkbox"/> 1 Opening by Village Head	<input type="checkbox"/> 1 Introduction of facilitator and PATTIRO	<input type="checkbox"/> 1 Introduction of facilitator and participants; meeting purpose and agenda
<input type="checkbox"/> 2 Discussion of MNH issues	<input type="checkbox"/> 2 Introduction of facilitator and participants; meeting purpose and agenda	<input type="checkbox"/> 2 Discussion of MNH issues	<input type="checkbox"/> 2 Discussion of MNH issues
<input type="checkbox"/> 3 Explanation of the intervention	<input type="checkbox"/> 3 Discussion of MNH issues	<input type="checkbox"/> 3 Explaining about the intervention	<input type="checkbox"/> 3 Explaining about the intervention
<input type="checkbox"/> 4 Collection of information for mother's list and potential CA candidates	<input type="checkbox"/> 4 Explanation of the intervention	<input type="checkbox"/> 4 Collection of information on mothers who gave birth in the past two years	<input type="checkbox"/> 4 Collection of information on mothers who gave birth in the past two years
<input type="checkbox"/> 5 Establishment of dates and participants for Introduction Meeting	<input type="checkbox"/> 5 Collection of CA candidate names	<input type="checkbox"/> 5 Collection of CA candidate names	<input type="checkbox"/> 5 Collection of CA candidate names
<input type="checkbox"/> 6 Collaboration with appointed village officials to prepare/organize Introduction Meeting	<input type="checkbox"/> 6 Establishment of dates and venue for Cadre Meeting, Survey Result Meeting, and Social Action Meeting		
<input type="checkbox"/> 7 Establishment of time, location, and dates for all other meetings (especially the Survey results Meeting and the Social Action Meeting)	<input type="checkbox"/> 7 Collection of names of individuals who might know of or have the list of mothers who gave birth in the past two years		

# CHAPTER III

## WEEK 3 & 4

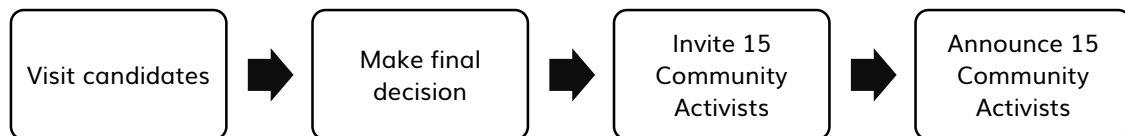


### WHAT FACILITATORS SHOULD ACCOMPLISH IN WEEKS 3 AND 4

- ☐ Ensure that the 15 CAs have been selected and invited to the Survey Results Meeting
- ☐ Finish the survey and the tabulation to ensure that survey results data is ready to be shared in the Survey Results meeting
- ☐ Note that finalizing the CAs and conducting the survey can be done simultaneously or sequentially, as long as both are completed by the end of week 4

## A. COMMUNITY ACTIVIST CONFIRMATION

By the start of this period (week 3 and 4), the facilitator should have a list of potential CA candidates gathered through different channels and sources. Continuing the process, there are several steps that need to be completed in this next period in order to ensure that the CAs are confirmed and are invited to the Survey Results Meeting.



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### 1 VISIT THE CANDIDATES

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The facilitator should personally visit the CA candidates to have a discussion with each of them. The purpose is to:

- Ensure that these people are right for the CA position, i.e. they are passionate about improving MNH, they are not formal leaders in the community (or cadres), they understand the purpose and the activities of the CAs
- Provide an overview of the project and the role CAs play in the project. The facilitator should emphasize the importance of the CAs role and should review how CAs will impact their communities
- Ask for their willingness to become Community Activists. Facilitators should ask if the candidates can commit to attend a two-day meeting (Scorecard Meeting and Social Action Meeting) and should remind them of the time and location of the meetings
- Ask if he/she is interested in helping the facilitator conduct data collection (depending on the progress of the data collection process)
- Before leaving, the facilitator should inform the candidate that he/she will receive further information about the dates of the first meeting (Survey Results meeting) in a couple of days

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## 2 MAKE FINAL SELECTION

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After the facilitator visits each CA candidate and has a group of 15 potential CAs (those who said yes, those who will be available to attend the meetings, etc.), the facilitator should assess the group's drive and skill sets. Go through the checklist below to make the final selection:

- |                             |   |
|-----------------------------|---|
| <i>Does the list of CAs</i> | <ul style="list-style-type: none"> <li>▪ Meet gender balance requirements?</li> <li>▪ Meet sub-village balance requirements?</li> <li>▪ Include some informal leaders (those who the other CAs would look up to)?</li> <li>▪ Include some regular women (who have the potential to be strong CAs)?</li> </ul> |
|-----------------------------|---|

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## 3 INVITE THE COMMUNITY ACTIVISTS

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The facilitator should invite the 15 selected CAs to the two-day meeting (the Survey Results Meeting and the Social Action Meeting).

In the invitation, the facilitator should ask the CA to be prepared to share their personal experience(s) or the experiences of those in their community (specifically, neighbors, friends, etc.) with MNH problems. The facilitator may also ask the CA to be prepared to talk about past social actions taken on by the community to improve things in the village.

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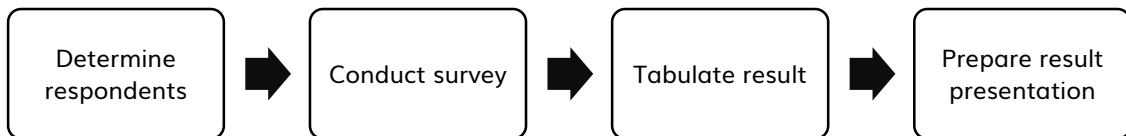
## 4 ANNOUNCE THE COMMUNITY ACTIVISTS

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The facilitator should then bolster the CAs' legitimacy by posting their names publicly. This will hopefully encourage the community to accept the CAs as the village representatives in discussing MNH and in generating social actions to improve MNH. The facilitator should ask the Village Head where to post this announcement so that the most people will see it. This could be in the front of the village office, in a mosque, or in the village health facilities. Use the form available in Annex E2 (CA Announcement).

## B. COMMUNITY SURVEY

During the first two weeks, facilitator should have compiled the final list of mothers who gave birth in the past 2 years in the village from a variety of sources. Continuing that process, in this period (week 3 and 4), there are several steps that need to be completed to prepare for the Survey Results Meeting.




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### 1 DETERMINING RESPONDENTS TO BE INTERVIEWED FROM THE LIST OF MOTHERS

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After the final list of all mothers who gave birth the past two years is compiled (after deleting duplicates and cross-checking information), the facilitator should enter all of the mothers' names and information to the 'Complete Mother list' in the Village Information Report Excel file. The facilitator should then assign random numbers to each name using a random number generator. The facilitator should then select mothers numbered 1-30 as respondents, and mothers numbered 31-35 as backups for replacement.

— If by the end of the second week, there are less than 30 women who gave birth in the past two years:

- The facilitator needs to take several days in the third week to look for more informants, such as sub-village heads, religious leaders or other informal leaders
- If, after several days, the facilitator is still unable to find 30 names, he/she needs to interview all of the mothers on the list.

The facilitator should ensure that the 30 selected women are interviewed. If one of the selected respondents is unavailable in the first visit, the facilitator should visit the respondent again. If the facilitator visits the respondent at least twice and is still unable to meet with her (e.g. the respondent is out of town for a long period of time), then the facilitator may use the back-up/replacement list.

The facilitator should also interview health staff in the Puskesmas that covers the village. The facilitator should make an appointment with these health personnel so that the facility survey can be done efficiently.

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## 2 CONDUCTING THE SURVEY

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The facilitator should survey 30 randomly selected women who gave birth in the past 2 years for the beneficiary survey.

The purpose of this survey is to identify the obstacles to MNH service delivery faced by women in the village. Survey questions include:

- For your most recent child, where did you give birth?
- What are some of the reasons you did not give birth in a health facility?
- How satisfied are you with the midwife?

The facilitator will also conduct a facility survey in the Puskesmas that covers the village.

The purpose of this survey is to identify certain conditions of the health facility that might hinder health service delivery or proper community access to the Puskesmas. Survey questions include:

- How is the cleanliness of the delivery room?
- Is information on costs posted clearly?
- Is a functioning toilet available?

It is recommended that facilitators engage CA candidates in conducting the survey so that the CAs have ownership of the data gathered.

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## 3 ENTERING / TABULATING SURVEY RESULTS

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After the survey is completed, the facilitator should input the data of the survey into the 'Scorecard Tabulation' Tab in Village Information Report. During this process, the senior facilitator should gather his/her team in the same place to enter the data together. The facilitator should not enter the data for his/her own village, but should enter the data for his/her pairing's village (cross entry). After the data has been entered, send the 'Scorecard Tabulation' data to the reporting officer in Jakarta for review.

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## 4 PREPARING THE RESULT PRESENTATION

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After the Jakarta team reviews and approves the tabulation results, the facilitator should fill in the data in the 'Happy Village Poster' and the list of obstacles (in the shape of stones) to be used for the 'Survey Results Meeting'. An example of the happy village poster can be seen in the "Survey Results Meeting" chapter, while an example of the list of obstacles can be seen in Annex G.



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### TIME MANAGEMENT ADVICE

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In these two weeks, the facilitator should divide his/her time wisely to make sure that **the CAs are confirmed** and that the **survey results data are completed**. A facilitator's agenda might look like this:

MON	TUE	WED	THU	FRI	SAT	SUN
Survey	<ul style="list-style-type: none"> <li>• Survey</li> <li>• Visit CA</li> </ul>	Survey	<ul style="list-style-type: none"> <li>• Survey</li> <li>• Visit CA</li> </ul>	Visit CA	Visit CA	Survey
Survey	<ul style="list-style-type: none"> <li>• Tabulation</li> <li>• Visit CA</li> </ul>	Visit CA	Visit CA	Finalize CA		Distribute invitations to CA
Survey Results Meeting	Social Action Planning Meeting					

## C. CHECKLIST FOR WEEKS 3 & 4

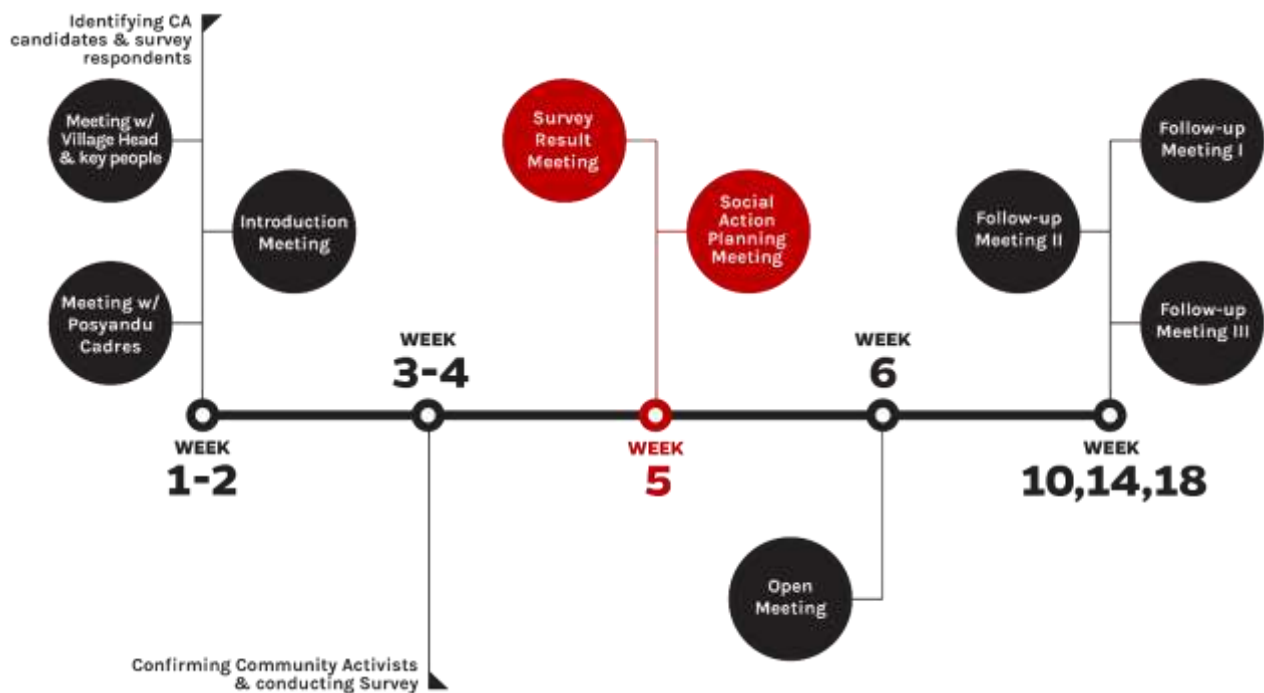
### ACTIVITIES

Tick (✓) the box next to the activity that has been completed

COMMUNITY ACTIVIST CONFIRMATION	COMMUNITY SURVEY
<input type="checkbox"/> 1 Visit top 15 candidates	<input type="checkbox"/> 1 Determine respondent to be interviewed from the list of mothers (using random numbers list)
<input type="checkbox"/> 2 Visit back-up candidates, if necessary	<input type="checkbox"/> 2 Administer the facility survey (Puskesmas)
<input type="checkbox"/> 3 Ensure a gender balance in the group of 15 CAs	<input type="checkbox"/> 3 Administer the Mother Survey
<input type="checkbox"/> 4 Ensure a sub-village balance in the group of CAs	<input type="checkbox"/> 4 Cross-enter data and complete tabulation with facilitator's team
<input type="checkbox"/> 5 Ensure that some of the CAs are regular women	<input type="checkbox"/> 5 Prepare the presentation for the Survey Results meeting
<input type="checkbox"/> 6 Ensure that some of the CAs are informal leaders	
<input type="checkbox"/> 7 Invite the CAs to the Survey Results & Community Action Plan meeting	
<input type="checkbox"/> 8 Announce the CA candidates (using Annex E2)	

# CHAPTER IV






## WEEK 5



### WHAT FACILITATORS SHOULD ACCOMPLISH IN WEEK5

Conducting Survey Results Meeting and Social Action Planning Meeting with the selected 15 Community Activists

## A. SURVEY RESULTS MEETING

 <b>Objectives</b>	<ul style="list-style-type: none"> <li>• Presentation of survey results</li> <li>• Selection of most important challenges to overcome in order to improve MNH</li> </ul>
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Lead facilitators</li> <li>• Co-facilitator</li> <li>• Community Activists (15 people)</li> </ul>
 <b>Duration</b>	<p>4-5 hours</p>
 <b>Equipment</b>	<div> <div> <b>Tools:</b> <ul style="list-style-type: none"> <li>• Black cloth; spray glue</li> <li>• Flipchart</li> <li>• Scotch tape</li> <li>• Marker pen</li> <li>• Metaplan</li> <li>• Notebook, folder, and pen for CAs</li> </ul> </div> <div> <b>Materials:</b> <ul style="list-style-type: none"> <li>• Social Action Illustrations (Annex C)</li> <li>• To be photocopied and distributed to CAs:</li> <li>• Social Action Stories (Annex B)</li> <li>• MNH Information Leaflet (Annex E3)</li> </ul> </div> </div> <div> <b>Matrices/Tables:</b> <ul style="list-style-type: none"> <li>• Intervention Model</li> <li>• Survey Results: 'Happy Village' with obstacles/roadblock cutouts (to be prepared prior to meeting)</li> <li>• Flipchart titled 'NOT AN OBSTACLE'</li> <li>• Flipchart titled 'OBSTACLE BUT NOT MAIN FOCUS'</li> <li>• Flipchart titled 'MAIN OBSTACLES'</li> </ul> </div>
 <b>Agenda</b>	<ol style="list-style-type: none"> <li>(1) Icebreakers and introduction (15 minutes)</li> <li>(2) Discussion of MNH issues (15 minutes)</li> <li>(3) Dreaming Together: Our Ideal Village (30 minutes)</li> <li>(4) Introduction to activities (25 minutes)             <ul style="list-style-type: none"> <li>• Program purpose</li> <li>• Community Activists' roles</li> </ul> </li> <li>(5) Presentation of Survey Results (90 minutes)</li> <li>(6) Selection of barriers (30 minutes)</li> <li>(7) Social Action Stories discussion (60 minutes)</li> <li>(8) End of meeting (5 minutes)</li> </ol>

— Please make sure that you follow this script closely! There are a few places in which facilitators have some freedom to choose activities (such as the icebreakers). However, it is very important for facilitators to follow all other parts of the script and plan very closely

— Lead and supporting facilitators: supporting facilitators should attend both the survey results and the social action meetings. The lead facilitator can ask the supporting facilitator to lead certain sections – or to take notes or support in other ways during these meetings.

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## 1 DETAILED RUNDOWN

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### (1) ICEBREAKERS AND INTRODUCTION (15 minutes)

The facilitator should introduce him/herself and give a chance for each participant to introduce him/herself in an engaging way. It is very important to start the meeting with high energy so that everyone is focused and energized for the meeting. Refer to Annex D for icebreaker ideas.

The facilitator should say the following sentence: “This activity is part of a larger study that will involve the evaluation of our activities’ effectiveness in the village. This will allow the community members to improve upon these activities in the future.

### (2) DISCUSSING MNH ISSUES (15 minutes)

- The facilitator should prompt the community to start thinking about MNH problems right away. The facilitator can start by giving a few statistics about general MNH problems:  
*“Did you know that more than 440 babies younger than one year old die in Indonesia every day? Furthermore, 44 women die during childbirth in Indonesia every day.”*  
**(Kemenkes 2012)**

- The facilitator should prompt the CAs to think about the MNH problems that they have experienced or witnessed in the village by asking the following questions to the group:
  - “Who knows someone who has given birth at home?”
  - “Can anyone share a story about home birth? Were there any complications?”
  - “What MNH problems have you or someone you know encountered?”
  - “Do you know of any mothers who died due to complications during her pregnancy or after birth?”
  - “Do you know of any children who died while still in the womb or who died before they turned one year old?”
  - “Do you know of any mothers who did not get a check-up or who did not take their infants to get a check up in a health facility after giving birth?”
  - “Do you know of any mothers who never got a check-up at a health facility while pregnant?”

- After the participants have a chance to share their stories, the facilitator should close the discussion by saying: “Although it is not often discussed, it is clear from our discussions that every single one of you knows about the MNH problems in our village. We know some women who have died during pregnancy, and we know that it can be difficult for women in this village to access good healthcare. We’re here today and tomorrow to talk about these issues and to brainstorm ways to improve MNH in our village because the health of our mothers and of our babies is important.”

### (3) DREAMING TOGETHER: OUR IDEAL VILLAGE (30 minutes)

- The facilitator should then lead a goal setting session to address the changes the CAs would like to see in the village, and to envision what a future with improved MNH might look like in the village.
- *“First, let us think about what we want to achieve. What kind of village do we want our village to be? What do we mean when saying that we want our village to be a village where all the mothers and the babies are healthy? Everyone has a dream. Some people dream to fly and then build an airplane. Kartini dreamed of a world where women can get education and she worked hard to make it a reality. Let’s draw our Ideal Village!”*
- Facilitators should prepare a large flipchart on the floor. Give each CA a marker, and ask them to start drawing their Ideal Village.
- While participants draw, facilitators can guide them by asking questions such as:
  - “What do the mothers and babies living in that village look like?” (participants will answer with “healthy” and the facilitator can ask them to draw healthy mothers and babies)
  - “Why are they healthy? Do they get check-ups during their pregnancies?” The facilitator can ask them to draw a pregnant woman going to the Puskesmas.
  - “What are the health facilities like near our Ideal Village?”
  - “How do people access the health facilities?”
  - “How many health workers are available to help mothers in the village?”
- Besides drawing, participants are encouraged to write some of the characteristics of the Ideal Village, such as ‘babies are immunized’ or ‘pregnant women always get check-ups during their pregnancies’, or ‘midwife is always available.’

### (4) INTRODUCTION TO ACTIVITIES: PROGRAM PURPOSE AND COMMUNITY ACTIVISTS’ ROLES

- The facilitator should then transition to the explanation of the program by saying: “Your participation in this program can help you achieve this goal for the future. We hope that through this program, you will see your Ideal Village become a reality. Together, as a community, you can achieve it– here is what we will do...”
- The facilitator should then explain the intervention’ steps and the role of CAs in each step using the picture below. Keep in mind that, although the facilitator should talk through the whole intervention, the focus should be on explaining what the CAs will be

doing in today's meeting!

*“Some of you participated in the survey process where you gained a better understanding of the village's MNH condition and were introduced to the obstacles faced by pregnant women and mothers to receiving appropriate healthcare. In today's meeting you will learn about these obstacles in more detail and will decide which ones need to be addressed first to ensure mothers and babies have good healthcare. You will also learn about what other communities have done to eliminate their obstacles and improve MNH. In the next meeting, you will create a concrete action plan to eliminate these obstacles and to improve MNH. You will then carry out the plan and will participate in several meetings to discuss whether the plan worked and what else can be done to improve MNH.”*



- The facilitator should then stress the importance of the CAs' role:  
*“The question is, why you? Why should you be the ones to carry out these activities? Why should you be the ones to discuss and try to solve MNH problems?”* The facilitator should then explain: *“You are here because you either volunteered or were recommended by people who trust you and your ability to create change! There might be others in the village who you think are smarter or more experienced than you, but the most important thing is that you are here and that you want to be here! We see many great changes start from something small; a small group of people can achieve a lot! It's difficult to have a discussion and to make a plan with an entire village of 4000 people, so we have to start with a group of motivated people who are willing to work hard. You belong to that group! You're not here alone; there are 14 others with same goal to improve MNH. This village needs you to lead the journey to become the Ideal Village.”*
- The facilitator should then clearly explain the difference between the role of the CAs and the role of the facilitator in the intervention: *“I am not from this community, so I do not know the best solutions to the challenges you face. You, as community members, know your village's unique challenges and what can be done to overcome them. I'm here to help you think about these challenges and how you might solve them. You don't need to wait for someone else (an NGO or the government) to come help you – I'm here to assist you in thinking about the specific actions you, as a community, can take on your own!”*
- The facilitator should then bring the discussion back by mentioning the specific things the CAs will do in this meeting: discussing the obstacles faced by pregnant women and mothers as found in the survey, deciding which obstacles they want to solve first, and

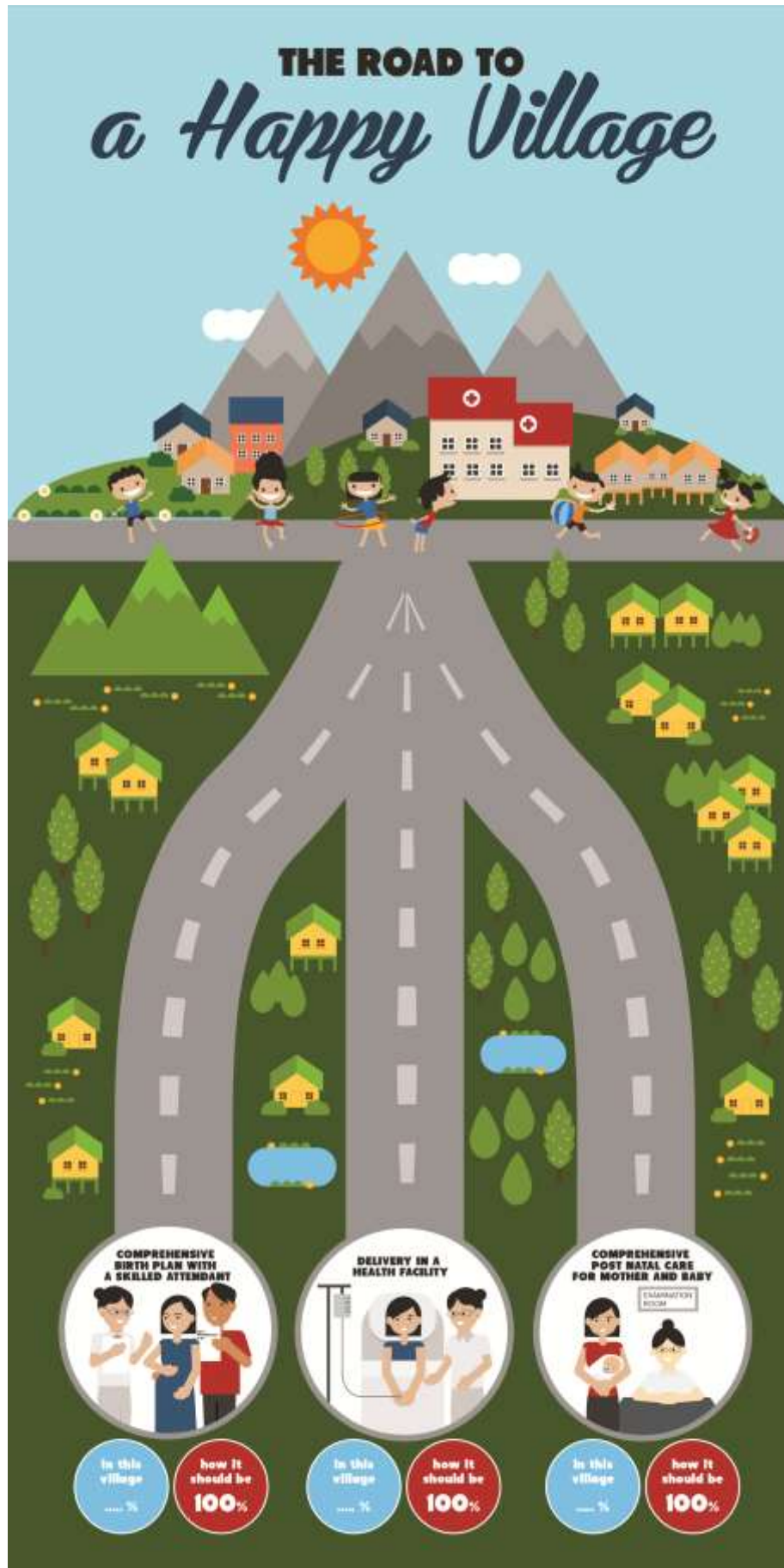
learning about what other communities have done to solve their obstacles and to improve health.

## **(5) PRESENTATION OF SURVEY RESULTS (90 minutes)**

- Explaining the three roads leading to a Happy Village:
  - 1) The facilitator should post the Happy Village poster filled with data from the survey. The facilitator should not post any 'stones' (challenges) at this point.
  - 2) The facilitator should then explain the set up: *"We know what our Ideal Village looks like. A village where all the mothers and babies are healthy (the facilitator can point at the community's drawings). In order to reach the Ideal Village there are several roads we need to take."*
  - 3) The facilitator should give the participants the handout about the three roads (Annex E.3) so that the CAs are able to read while listening to the explanation.
  - 4) The facilitator should then explain the first road: *"First, we need to ensure that every pregnant woman is prepared for birth by making a comprehensive birth preparedness plan. This is the start of the pregnancy cycle."*
  - 5) *"What is birth preparedness? Birth preparedness means that the mother and family members are assisted by a skilled attendant in thinking about what needs to be prepared for a healthy delivery. The purpose is for the mother, the family, the health providers, and the community members to ensure a safe delivery process that will result in a healthy baby and a healthy mother. A skilled attendant, like a midwife, should help women and families answer some of the questions about delivery, including:*
    - What is the estimated due date?
    - Who will assist with the delivery?
    - What transportation arrangements to the delivery location need to be made? (If applicable)
    - What are the costs of delivery and how will the mother pay?
    - Who is a compatible blood donor?
    - Who will look after the home and other children while the mother is away? (If applicable)

*"If a pregnant woman does not make a birth preparedness plan with the help of her family and a skilled health provider, many things could go wrong and she might not have a healthy baby."*





- 6) The facilitator should then present the statistics for that first road: *"In our village, \_\_\_% of mothers complete the necessary health checks during their pregnancy. It should be 100%. All pregnant women in our village should make a birth preparedness plan during their pregnancy. We still have a long way to go before we reach our Ideal Village, so we need to start down this road!"*
- 7) The facilitator should lead discussion around that first road by asking: "Do you know of anyone who did not make a birth preparedness plan?" and "Do you think this is a problem?" The facilitator should encourage the CAs to share their experiences or the experiences of people that they know.
- 8) The facilitator should then explain the second road (giving birth in a facility): *"Next, we need to ensure that every mother gives birth in a quality health facility with a skilled attendant. If a woman does not give birth in a facility with a skilled attendant, the health of the mother and of her baby are both at risk for birth complications or even death."*

*"What does birth in a facility with a skilled attendant mandate? Birth in a facility means that a woman gives birth in a Puskesmas, Pustu, or other approved health facility. This is important because a health facility has the best equipment and people to ensure every woman has a healthy delivery and a healthy baby. The health facility should be sanitary and have necessary equipment, supplies, drugs, and the ability to arrange transportation to referral facilities for emergencies. Specific equipment and supplies that are important include the following:*

- Drugs - Oxytocin, Magnesium Sulfate and TT Vaccine
- Equipment - refrigerator, generator, clamp, forceps and suction pump
- Village midwife should also have a midwife kit to ensure a safe, clean birth.

*Birth with a skilled attendant means that the delivery is assisted by a midwife, a nurse, a doctor, or another medical professional. This is important because these medical professionals have special skills to prevent infection, to actively manage labor, to hygienically cut and tie the cord, and to know what to do in the case of an emergency. Baby dukuns and other traditional birth attendants are not skilled attendants."*

- 9) The facilitator should then present the statistics for the second road: *"In our village, \_\_\_% of mothers give birth in a facility with a skilled attendant. It should be 100%. All pregnant women in our village should give birth in a facility. We still have a long way to go before we reach our Ideal Village, so we need to start down this road!"*
- 10) The facilitator should then lead a discussion about the second road by asking "Do you know of anyone who did not give birth in a facility?" and "Do you think this is a problem?" The facilitator should encourage the CAs to share their experiences or the experiences of people that they know.
- 11) Finally, the facilitator should move to the third road and should repeat the process.

*“Finally we need to make sure that every mother and baby get proper care right after birth. If a new mother or baby does not get checked by a skilled health attendant right after birth, they may have complications or may not get the medicine and counseling they need to be healthy.”*

- 12) *“Postnatal care for the mother means check-ups on the mother’s health with a skilled health provider as soon as possible after giving birth. These check-ups should happen within one week of giving birth, but ideally within the first day. These check-ups are important for the early detection of complications in mothers after birth, to help ensure that mothers know how to care for their babies, and to ensure that mothers stay healthy during the postpartum period. During these check-ups, the health professional should:*

- *Check on the mother’s physical body, such as checking for bleeding, taking her blood pressure, and taking her temperature*
- *Counsel the mother on the importance of breastfeeding and nutrition, and teach her about danger signs for both herself and her baby*
- *Give the mother important supplementation, such as vitamin A to take during the visit and the second day*

*“Postnatal care for the newborn means a check-up on the baby’s health by a skilled health attendant within 48 hours of delivery. These checks are important for the early detection of health problems in the newborn and to ensure the baby stays healthy. During these check-ups, the health professional should:*

- *Check the baby’s body for danger signs*
- *Weigh the baby and check the baby’s umbilical cord*
- *Administer important immunizations, such as Hepatitis B*
- *Give important supplements, such as vitamin K1 and eye cream.”*

- 13) The facilitator should present statistics for the final road,  
*“In our village, \_\_\_% of mothers have done the necessary health checks after giving birth. It should be 100%. This means we still have a long way to go before we reach our Ideal Village!”*

- 14) Facilitator leads discussion around the third road by asking *“Do you know of any mothers or babies who did not get a postnatal health check?”* and *“Do you think this is a problem?”* The facilitator should encourage the CAs to share their experiences or the experiences of people that they know.

- 15) After presenting all of the roads, the facilitator should ensure that the participants understand that each road needs to be improved to make their Ideal Village a reality. It is necessary that participants understand the definition, benefits, and setbacks of the three actions, so the facilitators should not rush through this process.

- Discussion on obstacles that are blocking the road:

- 16) The facilitator should explain that there are several obstacles in the roads: *“If we are able to start down these three roads, addressing all of the process from before birth until after delivery, we can reach your Ideal Village where all women can have*

*healthy pregnancies and healthy births. However, there are some obstacles that are blocking these roads.*

- 17) Facilitators should invite the participants to think of some obstacles:  
*“Who can give an example of the obstacles that keep the women in this village from making birth preparedness plans during pregnancy?” or “Why don’t expectant mothers and the midwife work together to prepare for the birth?”* A participant might say *“because nobody thinks it is important.”*
- 18) As participants start offering answers, if a participant suggests one of the obstacles for which data has been collected, the facilitator should take out the obstacle written in stone-shaped paper and say: *“You are right, some of the women that we surveyed in this village said that mothers’ lack of knowledge is an obstacle.”*
- 19) The facilitator should follow up each obstacle he/she presents by asking:
  - *“Do you think this is an obstacle for the first road (it keeps women from making a birth preparedness plan), the second road (it keeps women from giving birth in a health facility), the third road (it keeps women from receiving postnatal care), or is this an obstacle for all of the roads?”* If the participants say that this obstacle blocks two or three roads, the facilitator should take out three stones and post them on the poster (one stone for each road) and should then read the data on the stone.
  - *“Do you think that this is a significant number?”*
  - *“Can anyone share a case in which this would be an obstacle?”*
  - *“How significant is this obstacle in preventing mothers from making proper birth preparedness plan/ giving birth in a health facility/receiving postnatal care?”*

The facilitator should ask the community to think of other obstacles

- 20) If the community mentioned obstacles for which data were not collected, for example ‘bad road access to the facility,’ the facilitator should write the obstacle down on a blank stone-shaped paper and should ask the community whether this obstacle blocks one of the roads or all of the roads. The facilitator should then post one or several stones, according to the participants’ response, to the corresponding roads. For the obstacles mentioned by the community, the facilitator should ask the following questions:
  - *“How big of a problem is this?”*
  - *“How many mothers would say that this is an obstacle?”*
- 21) If the participants cannot think of any other obstacles, the facilitator should present and discuss any obstacles for which data were collected that were not mentioned by the participants. For each of these obstacles, the facilitator should ask:
  - *“Do you think that this is a real obstacle?”* The facilitator should get a consensus for this.

- If the community decides that it is not an obstacle (after also considering the survey results), then the facilitator should put it aside in a separate flipchart titled 'NOT OBSTACLES'
  - If the community decides it is an obstacle, the facilitator should ask the same questions as for other obstacles presented (see point 19)
- 22) By the end of this session, all of the rocks prepared from the survey should have been discussed and posted on either on the happy village poster (on the appropriate road) or on the 'NOT OBSTACLE' flipchart.

## (6) MAIN OBSTACLES SELECTION

After all of the obstacles from the survey and the new obstacles suggested by the community have been discussed, the facilitator should explain that they, as a community, will select the obstacles that are most important to the village. The facilitator should explain that it will be important to focus their efforts because it would be too difficult to solve all of the obstacles simultaneously. Obstacles that the community decides are not real obstacles should be excluded.

The facilitator should prepare a flipchart with the title 'MAIN OBSTACLES' and should post it next to the happy village poster.

- The facilitator should start by asking one person to pick an obstacle that he/she thinks is a main obstacle and ask him/her to explain why (e.g. "I think the fact that many mothers prefer to give birth with a baby dukun is the most significant obstacle for MNH in this village.")
- The facilitator should then take the obstacle 'MOTHERS PREFER BABY DUKUN' from the poster and move it to the 'MAIN OBSTACLES' flipchart. If there are more than one 'MOTHERS PREFER BABY DUKUN' obstacles on the poster (maybe it blocks several roads), the facilitator should take all of them and stick these obstacles together so that they are counted as one obstacle.
- The facilitator should ask a second person to choose another obstacle and to explain his/her choice.
- Repeat the process until there are six obstacles selected.
- The facilitator should ask the seventh person to choose another obstacle. The facilitator should explain that the participant can:
  - Choose to trade obstacles if he/she thinks a different one is more important than any of the six obstacles already selected. If this happens, he/she should explain why the obstacle selected is more important than the other six obstacles selected previously.
  - Choose not to remove any. He/she should explain which of the six is his/her top choice and why.

— Throughout the obstacles selection process, the facilitator should monitor whether the community picks both obstacles in the demand side/the beneficiaries (e.g. lack of knowledge of mothers, not getting permission from husband), or in the supply side/health providers (e.g. midwife is not friendly, health facility is not clean). If, halfway through the process, the facilitator finds that the community is only choosing to tackle barrier from one side, the facilitator should prompt, “Do you think we should also tackle obstacles that are coming from the facilities, instead of only obstacles in our community?”

- The facilitator should continue the process until each participant has selected at least one obstacle.
- The facilitator should confirm that these are the six obstacles that will be discussed further in the next meeting.
- The facilitator should move all of the obstacles that are still on the posters (the obstacles not selected as the main six obstacles) to the flipchart ‘OBSTACLES, BUT NOT MAIN FOCUS’ so that the Happy Village poster is empty.
- The facilitator should return the top six barriers to the Happy Village poster in the appropriate places.
- In the end, there should only be the six barriers on the flipchart blocking the roads to the Ideal Village. The facilitator should also have a separate flipchart titled ‘NOT OBSTACLES’ for the obstacles the community eventually dismissed, and a flipchart titled ‘OBSTACLES – BUT NOT MAIN FOCUS’ for the obstacles that were not selected as the six main obstacles.
- The facilitator should then say: “Now that we have decided on some very important obstacles, we will begin building an action plan to eliminate them!”
- The facilitator can then transition to the next session by saying: “However, it can be difficult to think about the kind of actions we can take to eliminate these obstacles. It can be helpful to hear about the actions taken by similar communities to eliminate their obstacles.”

#### **(7) SOCIAL ACTION STORIES DISCUSSION (60 minutes)**

- The facilitator should explain that communities all around the world have taken on community action plans to eliminate their different obstacles: “These are nine real stories, and these characters are real people like all of you here.”
- The facilitator should then provide one example of a real social action plan that was completed by community members in this village (the facilitator should get this information beforehand). E.g. “Community members in this village have also completed a variety of social action plans, such as the time when you rehabilitated the Musholla through your own initiatives. Now we will hear examples of the many kinds of action plans that have been taken on by other communities.”






- The facilitator should then show the social action illustration (the pictures and the short description), starting with the first story, “*This first story is about community members in Jakarta.*”
- After the facilitator explains one story, he/she should ask the following questions:
  - “*What changes does this community want to see?*”
  - “*What kind of obstacles are they trying to eliminate?*”
  - “*How did they end up eliminating the problem? What action did they take?*” Here, the facilitator should emphasize the kind of action that they took, “*Yes, the community protested/acted through a liaison/used local media,*” while pointing at the title of the illustration.
  - “*Has anything like this been done in your community? Has anyone/any group of people in the village protested/acted through a liaison/used local media to eliminate obstacles?*”
- After finishing the discussion about the first story, the facilitator should begin discussing the second story, repeating the steps above for each subsequent story.
- The facilitator should ensure that all nine stories have been shared.
- The facilitator should close this session by saying, “*these communities solved the obstacles that they faced through different kinds of social action. Tomorrow, we will decide on the actions that we want to undertake to solve the obstacles we identified.*”

#### **(8) END OF MEETING (5 minutes)**

*“I hope the stories inspired you. I will give you a copy of the stories so that you can be further inspired. When you go home today, think about actions that we can undertake to solve the six obstacles we identified. We will discuss your ideas and develop a plan to address these obstacles tomorrow!”*

The facilitator should thank the participants for taking part in such an important discussion to improve MNH. Remind the participants to come to the Social Action Plan meeting on the following day. Remind them of the start time and stress the importance of arriving on time.

## B. SOCIAL ACTION PLANNING MEETING

 <b>Objectives</b>	<p>To make a social action plan based on the obstacles selected in the previous meeting</p>
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Lead facilitator</li> <li>• Co-facilitator</li> <li>• Community Activists (15)</li> </ul>
 <b>Duration</b>	<p>4-5 hours</p>
 <b>Equipment</b>	<div> <div> <b>Tools:</b> <ul style="list-style-type: none"> <li>• Black cloth; spray glue</li> <li>• Flipchart</li> <li>• Scotch tape</li> <li>• Marker pen</li> <li>• Metaplan</li> </ul> </div> <div> <b>Materials:</b> <ul style="list-style-type: none"> <li>• Social Action illustrations (Annex C)</li> <li>•</li> </ul> <b>Matrix/Tables:</b> <ul style="list-style-type: none"> <li>• Flipchart for 'social action ideas'</li> <li>• Action Prioritization Matrix</li> <li>• Social Action Matrix (prepare at least 5)</li> </ul> </div> </div>
 <b>Agenda</b>	<ol style="list-style-type: none"> <li>(1) Introduction and review (15 minutes)</li> <li>(2) Discussion of one obstacle in large group (15 minutes)</li> <li>(3) Small group discussion of social action ideas and presentation (45 minutes)</li> <li>(4) Break - facilitator to categorize the actions in several categories (30 minutes)</li> <li>(5) Narrowing down: Final selection of actions (60 minutes)</li> <li>(6) Filling the Social Action Matrix Plan (180 minutes)</li> <li>(7) Choosing a CA Champion (10 minutes)</li> <li>(8) End of meeting (5 minutes)</li> </ol>



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## 1 DETAILED RUNDOWN

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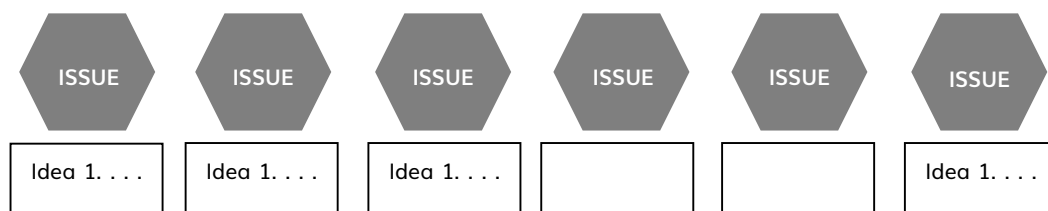
### (1) INTRODUCTION AND REVIEW

- First, the facilitator should thank the participant for coming! Ask them to applaud themselves for volunteering to be champions of the community. Start the meeting with high enthusiasm and begin with an icebreaker so that the participants get to move around and be comfortable.
- The facilitator should remind the participant what they did the day before. The facilitator may use the Intervention Model shown during the Survey Results Meeting to aid in the explanation. *“As you may remember, these are some of the activities that we will do together in order to reach our Ideal Village, where all mothers and babies are healthy. Yesterday, at the Survey Results Meeting (point at the scorecard meeting circle), we learned about the obstacles faced by pregnant women and mothers in our village, and we decided on the obstacles we want to address in our action plan. We also listened to stories about what other communities have done to eliminate their obstacles.”*
- The facilitator should outline what the participants will do in this meeting, *“Today, you will decide on the specific actions you want to undertake to eliminate these obstacles! By the end of the day, you will have a specific action plan that you will carry out as a group to improve MNH in this village!”*

### (2) DISCUSSION OF ONE OBSTACLE IN LARGE GROUP (15 minutes)

- The facilitator should ask the participants to review the six obstacles they decided on.
- The facilitator should take one obstacle as an example (before this meeting, the facilitator should choose one obstacle and prepare examples of actions that can be done to eliminate that obstacle), *“Let’s take one obstacle: Health Facility is not clean. Who can think of an action to eliminate this obstacle? What can we do so that women are no longer hesitant to give birth in the facility or to get a health check-up during their pregnancies due to cleanliness issues?”*
- The facilitator should ask the CAs to think about as many actions as possible, and should instruct them to not worry about what they want / do not want to do.

- The facilitator should write down the community's answers underneath the obstacle, for example 'clean the facility together'



- After facilitator writes down all of the ideas, he/she should ask whether the CAs remember some of the actions done by the communities in the stories, “Do you think any of the actions done by the communities in the stories we read yesterday would work to eliminate this obstacle? Can a protest solve this obstacle? Or maybe you have other ideas for social actions to solve these problems?” The facilitator should record what the community says. Additionally, the facilitator should encourage community to speak up if they have their own ideas to solve the problem.

### (3) SMALL GROUPS DISCUSSION OF SOCIAL ACTION IDEAS AND PRESENTATION (45 minutes)

- The facilitators should say: “Now we are going to spend some time discussing each obstacle and the actions you could take to fix the obstacle. But because we have so many obstacles to discuss, we will start the planning in small groups. Each group will have one or two obstacles to discuss – and we (the facilitators) will come around to help you think through what actions you could take to address each. Do not worry about including too much detail now – we will have more time to plan out actions in detail as a larger group later.”
- The facilitator should divide the participants into four small groups. Each group should discuss social actions to solve one or two obstacles. Care should be taken to split the group in such a way that each member is comfortable speaking up within his/her respective subgroup. For example, the facilitator could put all women of child bearing age in one group.
- While the small group discussions are taking place, the facilitator should go to each group to see what they have come up with and to prompt deeper discussion using the social action illustration. The facilitator may ask questions such as:
  - Can you think of an action that would take a longer/shorter time to complete?
  - Can you think of an action that would require no resources/an action that you, as a group, can complete without asking for a lot of help? How about an action that would require a lot of help/resources that you don't have?
  - Would any of the actions from the stories work for this obstacle?

- Facilitators should let the groups work together for about 35 minutes. When there are five minutes remaining, let the groups know that they should wrap up and be prepared to share their actions with the larger group.
- When the large group reconvenes, the facilitator should ask a presenter from each small group to present their action ideas. The facilitator should record the action plans under each obstacle as they are being read. The facilitator should paraphrase the action clearly and in the 'language of action'. For example, if the community says that for the obstacle 'Midwife is not available,' their action would be 'go to the village head,' the facilitator should clarify, "Go to do what? To protest, to ask for something, or to complain? For what purpose?" Then the facilitator should write "ask the village head to request a midwife for the village." Paraphrasing is important so that the actions can be categorized more easily by the facilitator.
- The facilitator should invite other groups to add any action they can think of.
- This process should be repeated until the ideas for all six obstacles from each group have been recorded.
- At the end, the facilitator should ensure that:
  - Some of the proposed actions can be finished in a shorter period (30 days), and some of the actions will take a longer time to complete
  - There are variety of actions (i.e. not just socialization)

**(4) BREAK - FACILITATOR TO CATEGORIZE THE ACTIONS IN SEVERAL CATEGORIES (45 minutes)**

- While participants are having short break, the facilitator should use this time to reorganize the social action ideas from the community. Similar actions should be grouped together.

ACTION EXAMPLES	
Socialization of women: importance of making birth preparedness plan and of post-natal checks (for obstacle 1, 2 and 3)	Ask the village head: to request for village midwife, to fix the toilet in Puskesmas (obstacle 3, 4)
Meet with Midwife: to ask her to post the cost of delivery in the Puskesmas, to ask her to clean the Puskesmas (for obstacle 4, 3)	Clean the Puskesmas (5)

- The facilitator should then fill out the first two columns of the matrix found below ('List of Actions' and 'Obstacles/barriers the action addresses'). Note that the table below includes some examples in columns 3, 4, and 5. However, the facilitator needs to fill out only the first two columns during the break; he/she will fill out the rest of the columns with the CAs in the next session.

List of Actions	Obstacles Addressed	Good about this / Advantages	Bad about this / Risk	Commitment (Yes/No/Maybe)
Socialization of women on the importance of making birth preparedness plan and of post-natal checks	Lack of knowledge,  Women require permission from husband to visit health facility	Addresses multiple obstacles	Not very exciting (socialization alone may not be sufficient to modify behavior)	Yes
Meet with midwife to ask her to post the cost of delivery in the Puskesmas, ask her to clean the Puskesmas	Cost information is unavailable	Easy  Addresses multiple obstacles	Likely insignificant impact	Yes
Cleaning Puskesmas	Puskesmas is dirty	Immediate impact	Addresses only one obstacle  Easier if midwife cleans it	No

#### (5) NARROWING DOWN: FINAL SELECTION OF ACTIONS (60 minutes)

- The facilitator should then encourage the CAs to decide on the actions that they want to take on: *"These are the actions that you have brainstormed to address the obstacles. During the break, I grouped similar actions together, so now we have xx number of actions. However, we may not want to do all of the actions right away. So before we decide on which actions we want to undertake, let us think further about each of these actions."*
- For each action, the facilitator should ask the CAs:
  - *What are the advantages of this action plan? Do you think it will be easy? Will you need a lot of resources?*
  - *What are the risks of this action plan? Do you think this plan is likely to succeed? Will you need a lot of resources? Would the target of the action respond positively?*
- The facilitator should record the answer in the 'Good about this' column and 'Bad about this' column respectively.

- The facilitator should then go to the next action and repeat the steps above.
- After columns 1-4 are filled out for each action, the facilitator should return to the first action plan and ask *“After considering the advantages and the risks of this action plan, do you want to commit to undertake the action?”*
- Answer ‘YES’ or ‘NO’ in the last column for each action as agreed upon by the participants.

#### **(6) FILLING THE SOCIAL ACTION MATRIX PLAN (180 minutes)**

- The facilitators should say, *“Now that you have decided what action plans you want to commit to, we can go through and develop a detailed plan for how you will undertake these actions. To do this, we will fill out one more table.”*
- For each action that the CAs commit to (action plans with ‘YES’ in the last column), a concrete and detailed plan should be created with the matrix on the next page.
- The facilitator and the CAs should fill out all of the columns together (except for the progress column) for each of the steps. Before filling out the second column for the first step (PIC), the facilitator should make sure that all of the steps (the first column) for this action are complete and are agreed upon by the participants. For example, if the social action is to conduct socialization, the facilitator should first ask, *“What do we need to do first to prepare for this awareness campaign?”* The community will then offer their ideas of ‘getting permission from the village head’, ‘spread the invitation’, etc. If the participants forget to mention an important step such as ‘securing the resource person’ and ‘meeting with the resource person to prepare the message,’ the facilitator should help by asking questions such as:
  - *Are there people we need to contact to conduct this socialization?*
  - *How do we make sure the people we contact (e.g. the village head) will help us? Do we need to prepare anything before we meet with these people?*
  - *What resources (time, money, materials, tools) are required? Do we need extra steps to ensure we acquire the necessary resources?*
  - *If someone gave you this information, would it change your behavior? What should we do to ensure that the message is appropriate, able to be understood, and that it will convince participants to change their behavior?*
  - *How do we make sure people will come to the socialization?*
- The facilitator should be familiar with the basic steps for different actions that community might take, so that facilitator can remind the community of the appropriate steps.

- Here are some examples that apply to some of the actions that the CAs may commit to:

#### **ACTION: PASSING A VILLAGE BY-LAW**

For example, if the CAs choose to pass a village by-law, the facilitator should help the community members think through the following when developing their plan:

- Identify a person who can advise on how a village by-law gets passed
- Attend a meeting with that person
- Follow steps that have been identified by the key informant to change the by-law

#### **ACTION: MEETING WITH LOCAL AUTHORITIES**

For example, if the CAs choose to have an interface with local authorities, the facilitator should help the community members think through the following when developing their plan:

- What is the objective of the meeting? / How is the meeting going to overcome the identified barrier?
- Who is the meeting with? How will you go about setting up the meeting?
- What information will you need to convince the local authority to take your request seriously?
- What will you do if you meet resistance?
- How will success be measured? If the outcome of the meeting is not positive or does not bring about change, what will you do next?

### **(7) CHOOSING TWO CA COORDINATORS (10 minutes)**

- The facilitator should ask participants to celebrate the successful collaboration in creating an action plan by giving a round of applause.
- Facilitators should encourage the CAs to choose two coordinators amongst themselves. *“There are many actions that you will carry out as a group in the following weeks, so teamwork and coordination are very important. What do you think about choosing a coordinator and co-coordinator to check up on the progress of the action?”*

- Facilitators should explain the roles of the two coordinators in more detail, “These two coordinators will work together to:
  - Monitor the action plan (to the PIC of each action), ask about progress and difficulties in conducting the action plan
  - Hold a meeting with the CAs to discuss difficulties and contingency plan/back-up plans (if necessary)
  - Troubleshoot problems encountered by the CAs in conducting the plans
  - Be the leader and co-leader of the CAs: remind the CAs of important dates (follow up meeting, open meeting), coordinate with the facilitator, etc.”
- Facilitators should explain that “Ideally, the two coordinators will complement each other. One person should be well known and respected in the community so that he/she can help explain the social action plan to leaders in this village, and so that he/she can help with troubleshooting any difficulty faced by the CAs in conducting the action plan. The other person should have the time and energy to ensure coordination between the CAs and to check on the progress of the action plan.”
- Facilitators should lead the discussion in the forum to decide on the two coordinators: “Who do you think should be our two champions: our coordinator, our co-coordinator? Does anyone want to volunteer, or would anyone like to nominate someone?”
- If there are two good volunteers/candidates, the facilitator can state that these will be the coordinators. If there are more than two candidates, the facilitator should organize a vote.

#### **(8) END OF MEETING (5 minutes)**

- Facilitators should thank the participants for their commitment to improving the health of mothers and babies in the village
- Facilitators should remind the CAs about the Open Meeting and should set a time to prepare for the meeting:  
 “We will have the Open Meeting early next week, where you will share the action plans that you made today with the rest of the community. We need to set up a time to meet, just for 1-2 hours, to ensure that we are prepared for the Open Meeting.”
- Facilitators should mention something about the social action plan after the Open Meeting: “After the Open Meeting, you all should begin working on the social action plan that you developed! I will come back in a month from now to check on your progress and to help you brainstorm, but I will not be here to lead the social action. If you do have any questions while you are working, please feel free to text or call me! I am excited to see your progress when I return!”

<b>ACTION</b>	Socializing the importance of Birth Preparedness Plan and Postnatal Care to mothers
<b>SUCCESS INDICATOR</b>	All expecting mothers in the village to follow a Birth Preparedness Plan New mothers to obtain Postnatal Care for themselves and their newborns with the assistance of a skilled attendant within a week after delivery
<b>PERSON-IN-CHARGE</b>	Novi

STEPS	PERSON-IN-CHARGE	TOOLS / RESOURCES NEEDED AND MOBILIZATION	TIMELINE	SUCCESS INDICATOR	PROGRESS	
1) Meeting Village Head to: - get permission for event and use of venue - discuss funding - discuss invitation	Ani	Funds for: - Snacks - Quiz prizes - Printing / photocopying	14 Juni - 17 Juni	- Permission is granted - Venue is secured - Village Head's signature on invitation - Funding is available	<ul style="list-style-type: none"> <li>Has any action been taken on this Step (Y/N)? Elaborate.</li> <li>Has this Step been completed? (Y/N)</li> </ul>	
2) Prepare invitation	Oji	Computer, printer, fund for printing	20 Juni - 21 Juni	Draft invitation is ready	<ul style="list-style-type: none"> <li>Has any action been taken on this Step (Y/N)? Elaborate.</li> <li>Has this Step been completed? (Y/N)</li> </ul>	
3) Securing resource person (midwife)	Panji		23- 24 Juni	Resource person is secured	<ul style="list-style-type: none"> <li>Has any action been taken on this Step (Y/N)? Elaborate.</li> <li>Has this Step been completed? (Y/N)</li> </ul>	
4) Coordination meeting with CAs, midwives, and Village Head to discuss event	Wawan	Meeting agenda and tools (flipchart, marker pen, etc)	25 Juni	Socialization agenda is approved, tasks are delegated	<ul style="list-style-type: none"> <li>Has any action been taken on this Step (Y/N)? Elaborate.</li> <li>Has this Step been completed? (Y/N)</li> </ul>	
5) Distribute invitations	Didik	Motorcycle, gasoline	26-27 Juni	Invitations are received	<ul style="list-style-type: none"> <li>Has any action been taken on this Step (Y/N)? Elaborate.</li> <li>Has this Step been completed? (Y/N)</li> </ul>	
6) Socialization	Novi		30 Juni	Invitees attend the event and understand the content of the event	<ul style="list-style-type: none"> <li>Has any action been taken on this Step (Y/N)? Elaborate.</li> <li>Has this Step been completed? (Y/N)</li> </ul>	

Additional Volunteers for this action:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_



## C. CHECKLIST FOR WEEK 5

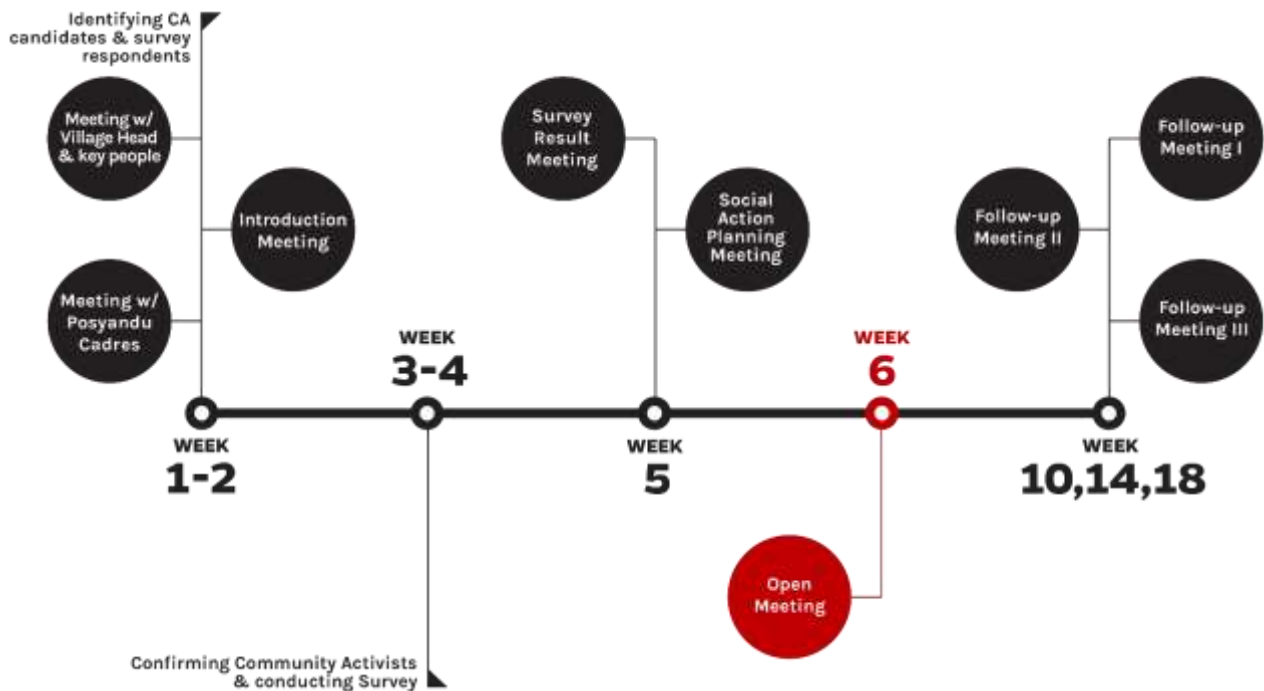
### MEETING CHECKLIST

Tick (✓) the box next to the activity that has been completed

SURVEY RESULTS MEETING		SOCIAL ACTION PLANNING MEETING	
<input type="checkbox"/>	1 Icebreakers and introduction	<input type="checkbox"/>	1 Introduction and Review
<input type="checkbox"/>	2 Introduction and discussion of MNH issues	<input type="checkbox"/>	2 Discussion of one obstacle in large group
<input type="checkbox"/>	3 Dreaming together: Our Ideal Village	<input type="checkbox"/>	3 Small group discussions of social action ideas and presentation
<input type="checkbox"/>	4a Introduction of activities: Explaining the program purpose by sharing one social action story	<input type="checkbox"/>	4 Break: Facilitators categorize the actions in several categories
<input type="checkbox"/>	4b Introduction of activities: Explaining the CAs' roles	<input type="checkbox"/>	5 Narrowing own: Final selection of actions
<input type="checkbox"/>	5 Presentation of survey results	<input type="checkbox"/>	6 Filling Social Action Matrix Plan
<input type="checkbox"/>	6 Selection of obstacles	<input type="checkbox"/>	7 Choosing two CA coordinators
<input type="checkbox"/>	7 Social Action Stories Discussion		

# CHAPTER V

## WEEK 6



### WHAT FACILITATORS SHOULD ACCOMPLISH IN WEEK 6

- ☐ Preparation for Open Meeting – together with Community Activists
- ☐ Organization of Open Meeting with community delegates in attendance – as per the agreement with Community Activists

## A. PREPARATION MEETING WITH COMMUNITY ACTIVISTS

Before the Open Meeting, the facilitator should hold an informal preparation meeting with the CAs to prepare. As there are 3-4 days of preparation time before the Open Meeting, coordination meetings with the CAs could also be arranged as needed, depending on the CAs' availability. It is important that facilitator ensures that the CAs are ready for the Open Meeting.

Several things need to be prepared with the CAs for the Open Meeting:

- Invitation list (the facilitator should prepare the invitations beforehand, so that names can be filled in during the preparation meeting and the CAs can distribute them after the meeting). The invitation for the Open meeting should be about 30 people (CAs not included). Discuss the invite list with the CAs and invite the following people:
  - Village elites and people who came to the introduction meeting
  - People who the CAs think should be invited: including people who could help with the action plan – like if someone has a construction store and there is an action around construction.
  - Representatives from each sub-village (ideally)

— The midwife is not invited. The facilitator should talk to her beforehand and should explain why she is not invited (so that the community members can be more active, so that community members won't be scared to voice their opinions - it can be intimidating for regular community members to talk about health in front of someone who is already so knowledgeable, like the midwife).

If the facilitator sees the midwife in the meeting, the facilitator or the CAs should approach her and ask her politely to leave. The facilitator/CAs can meet the midwife after the meeting to discuss the progress of the activities. This will need to be discussed with the CAs, so that they understand what to do the situation arises.

- Based on the agreed invitation list, the CAs should think of whether they can use the Open Meeting to complete some of the actions. For example, if the village head is coming to the Open Meeting, and if one of the action plans includes a meeting with the village head, then the CAs can use the Open Meeting to ask for the village head's support or for a private meeting. Decisions on what support to ask for during the Open Meeting should be made during the preparation meetings. The facilitator should make sure that there are only two or three requests because the Open Meeting is not a place where the CAs ask the attendants for favors.
- The facilitator should review the agenda, divide the tasks, and rehearse! There are several things that the CAs are expected to do in the Open Meeting (act as emcee, explain the intervention steps and their experience in the intervention so far, present the survey results, present the social action plans, and answer questions from community members). It is important that tasks are assigned appropriately and that there is time to rehearse so

that the CAs are comfortable in doing their tasks. The CA Champions should do some of these tasks, but other CAs may also lead parts of the Open Meeting.

- The facilitator should discuss what materials/equipment might be needed (e.g. microphone, speaker, chairs, desks, etc.), and he/she should assign CAs to be in charge of securing them. The facilitator should also bring some materials that will be needed in the Open Meeting.
- Facilitators and CAs should discuss potential issues (difficult questions that might arise, if people not on the invite list come to the meeting, such as the midwife).
- The Open Meeting is the first meeting for the CAs to be introduced in a forum. It is likely that there will be many questions about the CAs in this meeting. The facilitator should practice with the CAs to make sure that they are ready to answer questions.

#### **Who will support the CAs?**

The CAs are a community-led group, which means the community will support them. As the CAs work towards improving the health of mothers and babies in the village, the community should help the CAs in any way it can. The CAs will meet regularly to discuss the kinds of support they need (including materials, time, and effort) from different stakeholders in the village. The village should work together to support the CAs.

#### **To whom will the CAs report to?**






The CAs will report to community members. They will continue to meet regularly, and the larger community should gather to hear about the action plan's progress, other action plans, and the kind of support that the CAs need.

#### **How will the action be sustainable after PATTIRO leaves?**

The CAs will continue to meet as a group to discuss the progress of the action plan and to plan new actions. There are many obstacles to be solved to ensure that mothers and babies in this village are healthy, so regular meetings are important to ensure that actions are being carried out effectively.

- Facilitators should encourage the CAs to create a poster to be posted in several key places in the villages (one per sub-village). The poster should include the social action plan information and the contact information of one of the CAs (the CA coordinator) for people who want to learn more about the action plan. This poster will be updated once a month after the CAs meet to reflect and revise the plan. The facilitator and the CAs should discuss how to best convey this information on a poster so that it is easy to understand and visually appealing. The facilitator should ensure that the actions are written clearly, that there is information about when will the action plan will be conducted, and that it includes a CA's contact information for anyone who wants to get involved.

## B. OPEN MEETING

 <b>Objectives</b>	<ul style="list-style-type: none"> <li>• Sharing the survey results to the larger community</li> <li>• Generating community engagement in the social action plan</li> <li>• Introducing the CAs to the larger community (building the idea that this is a community effort and not just a CA effort)</li> </ul>
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• Community Activists (15)</li> <li>• Community members (30)</li> </ul>
 <b>Duration</b>	<p>1-2 hours</p>
 <b>Equipment</b>	<div> <div> <b>Tools:</b> <ul style="list-style-type: none"> <li>• Black cloth; spray glue</li> <li>• Flipchart</li> <li>• Scotch tape</li> <li>• Marker pen</li> <li>• Metaplan</li> </ul> </div> <div> <b>Materials:</b> <ul style="list-style-type: none"> <li>• Social actions posters (to be distributed and posted after the Open Meeting in the sub-villages)</li> </ul> </div> </div> <div> <b>Matrices/Tables:</b> <ul style="list-style-type: none"> <li>• Social Action Matrix</li> <li>• Happy Village Poster (with the six chosen obstacles posted)</li> <li>• Happy Village Poster (created by the CAs)</li> <li>• Intervention Model</li> </ul> </div>
 <b>Agenda</b>	<ol style="list-style-type: none"> <li>(1) Opening speech from head of village ( 10 minutes)</li> <li>(2) Introduction of participants (20 minutes)</li> <li>(3) Introduction of program (5 minutes)</li> <li>(4) Introduction of CAs and their roles (20 minutes)</li> <li>(5) Presentation of survey results (30 minutes)</li> <li>(6) Presentation of social action plan (30 minutes)</li> <li>(7) End of meeting (5 minutes)</li> </ol>

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## 1 DETAILED RUNDOWN

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### (1) OPENING SPEECH FROM VILLAGE HEAD (10 minutes)

Before the meeting, the facilitator should provide the village head with information regarding the purpose of the Open Meeting, the CAs' role in the intervention, and the social action plan. If the village head is willing, the facilitator should ask him/her to express support and gratitude for the CAs and for their efforts to improve MNH in the village. Ask the village head to emphasize the importance of community engagement and social action in improving the village.

### (2) INTRODUCTION OF PARTICIPANTS (20 minutes)

This should be quick; the facilitator should ask participants to introduce themselves by stating their names. The emcee, or one of the CAs could lead this session.

### (3) INTRODUCTION OF PROGRAM (5 minutes)

The facilitator should quickly introduce him/herself, and explain the program purpose:  
*"I am here to introduce a series of activities to encourage the community to work to improve the village's MNH status. I have been here for nearly three months, during which time I have been meeting with the CAs to discuss possible community action plans to improve MNH status. Today, we will hear more about MNH issues in the village, and the CAs will share the action plans they devised to address these issues."*

### (4) INTRODUCTION OF CAS AND THEIR ROLES (20 minutes)

- The facilitator should introduce the CAs and the CA coordinators:  
*"The CAs will be able to explain their action plans and the purpose of their activities better than I can \*clap hands\*. The CAs are community members who volunteered to create social action plans to improve MNH condition in the village. These people have sacrificed a lot of their time and energy for this intervention. I hope that everyone in this village will support the CAs and their action plans. Please welcome the CA coordinators, (X) and (Y)!"*
- The CA coordinators/champions should then introduce themselves and should call each of the CAs, one by one, to be introduced at the front.
- After each of the CAs is introduced, one CA should use the matrix below to explain the intervention steps and the CAs' role in each step, starting from the survey (where they learned about the obstacles that pregnant women and mothers face in the village), and ending with the social action plan meeting (where they developed concrete action plans to improve MNH).



#### (5) PRESENTATION OF SURVEY RESULTS (30 minutes)

The CAs should present the survey results and should then explain some qualities of an Ideal Village (the CAs can bring the “Ideal Village” poster): *“We have a dream of an Ideal Village where all of our mothers and babies are healthy. In order to reach it, there are three roads that we need to start down (explain each road here – see survey results meeting). However, there are many obstacles on these roads! Out of the many obstacles, we decided to take on six based on urgency and our ability to solve them. The six obstacles are ...”*

#### (6) SOCIAL ACTION PRESENTATION (30 minutes)

The CAs should present and explain each of the social actions. For each of the actions, the CAs should:

- Ask for volunteers who are willing to support the social action plans (one of the CAs should write down the volunteers’ names and contact information on the action flipchart so that they can be contacted later). Add a box in the action plan flipchart for this purpose.

<p>VOLUNTEERS: (1) (Name) (Contact Number) (2) (Name) (Contact Number)</p>
--

- Ask for any necessary support from the participants or the village head (based on decisions made in the preparation meeting).
- Emphasize that this is a community action, not just a CA initiative:  
*“These actions are not just CAs initiatives; they are community action plans and require your participation and support. As the CAs, we are here to initiate the plan, but our success depends on our ability to work together as community members of Village X”.*
- If a participant makes a good suggestion, it is possible to make minor revisions to the action plan, such as contacting a different resource person. However, the facilitator and the CAs should not prompt the participants to create new action plans or to make major revisions. The purpose is to introduce the action plans and to gain the support of the community. If participants suggest completely new actions or suggest revising the action plans significantly, the facilitator should add their names to the volunteer list, so that they can be involved in the next process and invited to the first follow up meeting.

**(7) END OF MEETING (5 minutes)**

- The facilitator should ask open-ended questions about what the community wants to see next from the CAs. The facilitator should then explain the next steps in the intervention: *“The CAs will now begin implementing their action plans. There will be a reflection meeting held every month for the next 3 months to discuss the progress of the plan and possible revisions. If you have any questions about the progress of the action plan, please do not hesitate to contact the CAs. You may also invite them to other community meetings where they could elaborate on the progress of the actions and how other people can contribute.”*
- The facilitator should request permission and should ask for help to post action plan posters, *“We will be posting information about the action plan along with the contact information of the CA coordinators in each sub-village. Please help us spread the word about the action plans in the village so that, together, we can improve the condition of MNH in our village.”*
- The facilitator may ask some of the participants to post the posters on the way home (i.e. if there are sub-village heads attending the meeting).



## C. CHECKLIST FOR WEEK 6

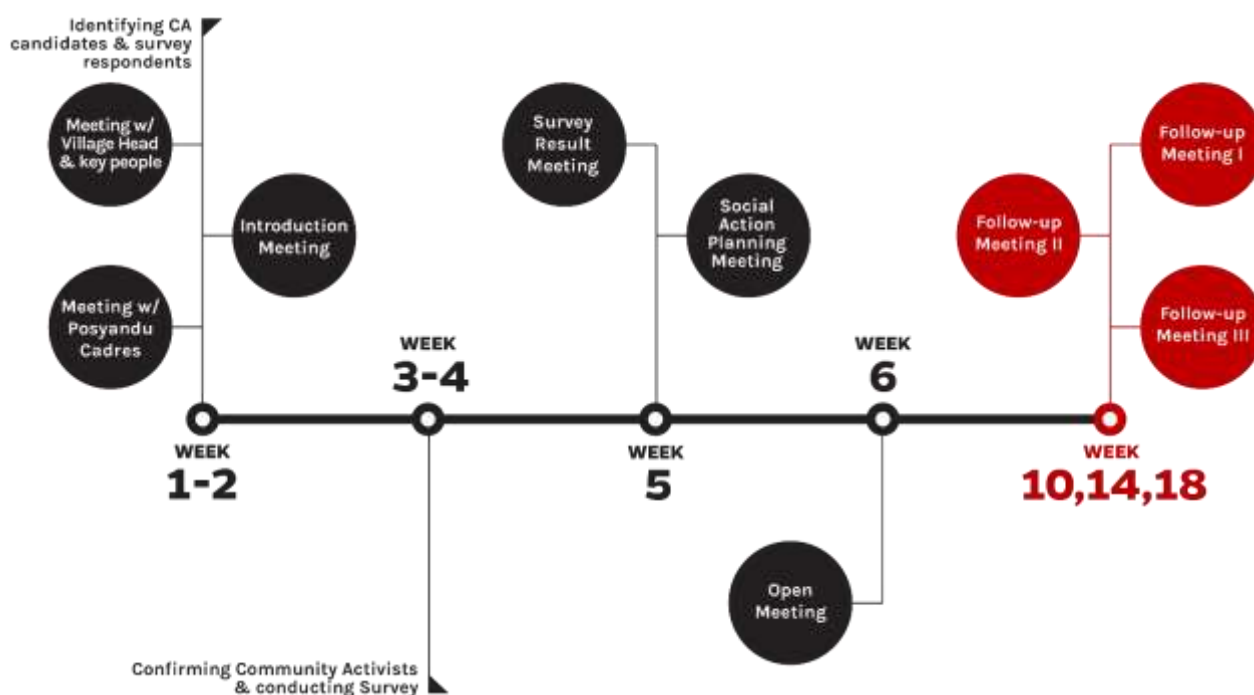
### MEETING CHECKLIST

Tick (✓) the box next to the activity that has been completed

PREPARATION MEETING WITH CAS	OPEN MEETING
<input type="checkbox"/> 1 Make sure that people who come to Introduction Meeting are invited	<input type="checkbox"/> 1 Opening speech from the head of village
<input type="checkbox"/> 2 Make sure to add people recommended by CAs to invitation list	<input type="checkbox"/> 2 Introduction of participants
<input type="checkbox"/> 3 Make sure that the social action presentation materials are ready	<input type="checkbox"/> 3 Introduction of program
<input type="checkbox"/> 4 Make sure that the survey results presentation materials are ready	<input type="checkbox"/> 4 Introduction of CAs and their roles
<input type="checkbox"/> 5 Make sure that the program explanation presentation materials are ready	<input type="checkbox"/> 5 Presentation of survey results
<input type="checkbox"/> 6 Rehearse with the CAs	<input type="checkbox"/> 6 Presentation of social action plan
<input type="checkbox"/> 7 Discuss potential issues/challenges with the CAs	<input type="checkbox"/> 7 Ensure posters have been displayed
<input type="checkbox"/> 8 Make posters to be displayed in sub-villages	

# CHAPTER VI

## WEEK 10,14,18








### WHAT FACILITATORS SHOULD ACCOMPLISH IN WEEKS 10, 14, AND 18

Organize Follow-Up Meeting I (Week 10), Follow-Up Meeting II (Week 14), and Follow-Up Meeting III (Week 14)

## A. WEEK 10: FOLLOW-UP MEETING I

— Even though the facilitator will only be a part of the follow up meetings on weeks 10, 14, and 18, he/she may SMS or call the CA champions once a week to see how things are going and to provide moral support.

 <b>Objectives</b>	To discuss the progress of the social action plan, and to improve the plan	
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Facilitator/s</li> <li>• Community Activists (15)</li> <li>• Additional volunteers for the action plan</li> </ul>	
 <b>Duration</b>	1- 2 hours	
 <b>Equipment</b>	<b>Tools:</b> <ul style="list-style-type: none"> <li>• Black cloth;</li> <li>• Flipchart</li> <li>• Masking tape</li> <li>• Marker pen / crayons</li> <li>• Metaplan</li> </ul>	<b>Materials:</b> <ul style="list-style-type: none"> <li>• Happy village poster (with the six obstacles posted)</li> <li>• 'OBSTACLES, BUT NOT MAIN FOCUS' poster</li> <li>• Social action matrix plan (filled in the previous meeting)</li> <li>• Social action matrix plan (empty, prepare at least five)</li> </ul>
 <b>Agenda</b>	<ol style="list-style-type: none"> <li>(1) Reflection and celebration (20 minutes)</li> <li>(2) Discussion of the plan's progress (20 minutes)</li> <li>(3) Discussion of next actions (60 minutes)</li> <li>(4) Review of the Ideal Village (15 minutes)</li> <li>(5) Revision of social action posters to be posted in sub-villages (5minutes)</li> <li>(6) End of meeting (5 minutes)</li> </ol>	

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## 1 DETAILED RUNDOWN

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### (1) REFLECTION AND CELEBRATION (20 minutes)

- The facilitator should ask the CA's the following questions:
  - *How do you feel about attending all of these meetings?*
  - *How do you feel about working in a group?*
- The facilitator should ask if the CAs have observed any constructive change induced by the social actions thus far, however trivial they may seem.
- The facilitator should take some time to celebrate any successes that the CAs can share.

### (2) DISCUSSION OF THE PLAN'S PROGRESS (20 minutes)

- The facilitator should fill out the 'progress' column (refer to Social Action Matrix in Social Action Planning Meeting section) for each of the social action plans. The progress should be filled out for each step of every action.
- To fill out the 'progress' column, the facilitator should ask the CAs:
  - *Have any actions been taken for this step? If not, why not? If yes, what has been done?*
  - *Is this step completed?*

#### EXAMPLE OF FILLING OUT 'PROGRESS' COLUMN

- PROGRESS FOR STEP 1

Yes, actions have been taken:

- Met with the village head (on the 15<sup>th</sup> of June).
- Obtained permission and location for the event.

No, action has not been completed:

- Still need further discussion on snack funding. During the last discussion VH said he will check village fund.
- Invitation letter has been reviewed and approved, but not signed. It is pending the availability of a budget.

- PROGRESS FOR STEP 2

Yes, actions have been taken:

- Invitation letter draft has been approved by village head.

- PROGRESS FOR STEP 3

Yes, actions have been taken:

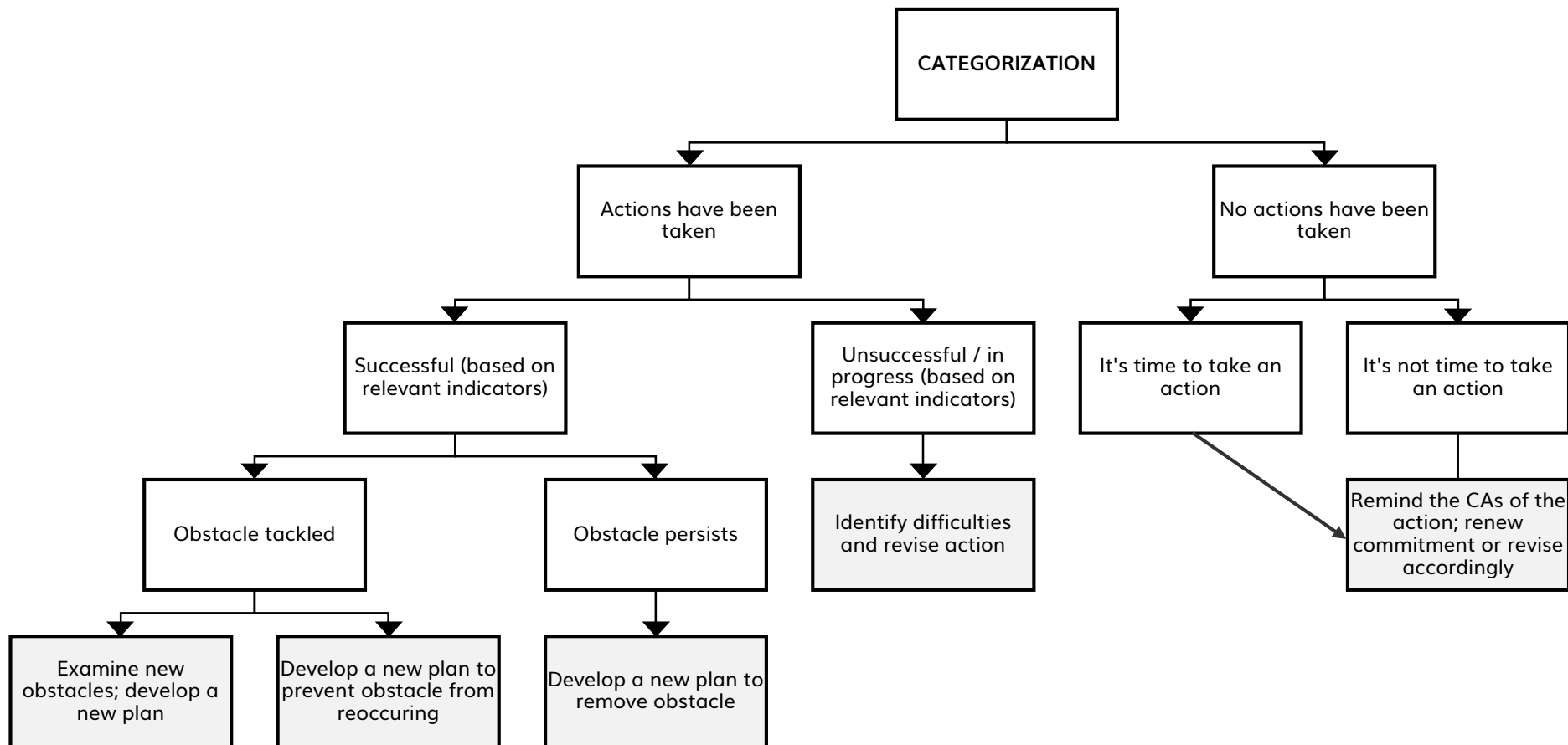
- Visited midwife, and she is willing to be a resource person.

### (3) DISCUSSION OF NEXT ACTIONS (60 minutes)

- The facilitator should use the 'Categorization Chart' on the next page as a guide when helping the CAs prepare to take the next steps in the action plans. The facilitator doesn't need to show the chart to the CAs, but he/she should use it in helping the CAs decide on their next steps.
- The facilitator should ask the CAs to look at the first action plan and to assess whether or not the steps were completed based on the progress column timeline.
- If no steps were completed for this action plan, the facilitator should ask the CAs why no steps were taken in accordance with agreed upon timeline. The facilitator should then ask: *"Do you still want to commit to this action plan? If yes, are there things you want to revise/change?"*
- If steps have been taken, the facilitator should ask the CAs to look at the "how to measure success for this action". The facilitator should ask the CAs if they feel that the action can be considered successful based on the agreed indicators.
- If the action cannot be considered successful yet, the facilitator should initiate a discussion to identify the difficulties/challenges that the CAs encountered. Then the facilitator should help the CAs think of revisions to the plan that would address these difficulties. The facilitator should use the new social action matrix plan to revise the action plan.
- If the action was successful, see whether or not the obstacles were eliminated.
- If the obstacles were eliminated, the facilitator should ask the CAs if they want to create additional action plans to address other obstacles. Alternatively, the facilitator can ask if the CAs want to create new action plans to ensure that their original six obstacles have been eliminated and will not appear again (e.g.: the midwife might live in the village, but further action might be required to ensure that she will continue to live in the village). The facilitator should remind the participants of the other obstacles (show the flipchart 'OBSTACLES, BUT NOT MAIN FOCUS') if they want to take on new obstacles.
- If the obstacles have not been eliminated, the facilitator should ask if they want to create another action plan to eliminate the same obstacle. Use the new social action matrix plan to make the new plan.

— Please keep in mind that after this session, there will be the same number of action plans! The number of actions can increase if the CAs are committed to the actions, but the number should not decrease!

The facilitator should then look at the second action and repeat the steps above.



**(4) REVISITING IDEAL VILLAGE (15 minutes)**

- The facilitator should ask the CAs to reflect on their Ideal Village. Remind them of the qualities/characteristics of this Ideal Village, and ask these questions:
  - “What significant (or even small) progress can be identified as a result of the social action?”
  - “How close are we to our Ideal Village?”
  - “For the first road, do more women now make birth preparedness plans than when we started? How about for the second/third road?”
- The facilitator should invite the CAs to reflect on their efforts to achieve the Ideal Village, “How close are we to ensuring that every expecting mother in this village has a birth preparedness plan?”
- The facilitator can ask the CAs to remove the eliminated obstacles from the poster and to replace them with new obstacles, if they decided to take on new obstacles.
- The facilitator should remind the CAs that, “You have been working to bring us closer to our Ideal Village. We are now closer to our goal than we were one month ago, and I hope that you continue the journey so that we are even closer to it by the end of next month!”
- The facilitator should ask the CAs to clap their hands to celebrate their achievement. This could be a good moment to boost their confidence in their ability to carry out social actions without the facilitator’s support.






**(5) REVISING SOCIAL ACTION PLAN POSTERS FOR THE SUB-VILLAGES (5 minutes)**

- Ask the CAs to create new posters based on the new social action plans created in this meeting. This could mean slightly revising the older poster or completely creating new posters, if necessary.
- The facilitator should ensure that plain language is used on the posters to make them easy to read and understand.

**(6) END OF MEETING (5 minutes)**

- Set up a meeting time for the next follow-up meeting.
- Encourage the CAs to continue with the action.
- Ask them to post the new action posters in the sub-villages.

## B. WEEK 14: FOLLOW-UP MEETING II

 <b>Objectives</b>	To discuss the progress of the social action plans, and to improve the plans
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• Community Activists (15)</li> <li>• Additional volunteers for the action plan</li> </ul>
 <b>Duration</b>	1- 2 hours
 <b>Equipment</b>	<ul style="list-style-type: none"> <li>• Tools:</li> <li>• Black cloth; spray glue</li> <li>• Flipchart</li> <li>• Masking tape</li> <li>• Marker pen / crayons</li> <li>• Metaplan</li> <li>• Materials:</li> <li>• Happy Village poster with selected six obstacles</li> <li>• 'OBSTACLES, BUT NOT PRIORITIES' table</li> <li>• Social Action Matrix (filled out during previous meeting)</li> <li>• Social Action Matrix (prepare at least 5 blank copies)</li> <li>• Sustainability plan matrix</li> </ul>
 <b>Agenda</b>	<ul style="list-style-type: none"> <li>• Reflection and celebration (20 minutes)</li> <li>• Discussion of plan's progress (20 minutes)</li> <li>• Discussion of next actions (60 minutes)</li> <li>• Discussion of sustainability (20 minutes)</li> <li>• End of meeting (5 minutes)</li> </ul>



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## 1 DETAILED RUNDOWN

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### (1) REFLECTION AND CELEBRATION (20 minutes)

Repeat the steps in Follow-up Meeting I

### (2) DISCUSSION OF PLAN'S PROGRESS (20 minutes)

Repeat the steps in Follow-up Meeting I

### (3) DISCUSSION OF NEXT ACTIONS (60 minutes)

Repeat the steps in Follow-up Meeting I




### (4) DISCUSSION OF SUSTAINABILITY

- The facilitator and the CAs should brainstorm how to make the action plans sustainable. The facilitator should remind the CAs that there is only one more meeting with the facilitator, yet there is still a long way to go before reaching the Ideal Village.
- The facilitator should pose several questions regarding sustainability for the CAs to think about, "To reach the Ideal Village...."
  - How will you continue to work to eliminate these obstacles when I am not here?
  - How will you communicate with one another?
  - How will you coordinate and support each other?
  - How will you get wider support from the community?
  - What will you do if something doesn't work? Who will you report to?
  - How will you gain legitimacy amongst community members?
  - What kind of roles do you see the CAs taking in the future?
- The facilitator should ask the CAs to write these questions down and to think about the some answers, "Let's discuss your ideas in the next meeting."

### (5) END OF MEETING

- Set up a meeting time for the next follow-up meeting.
- Encourage the CAs to continue with the action plan.
- Ask the CAs to further reflect on the issue of sustainability and on how to ensure that the activities will continue after the facilitator leaves the village.
- Ask the CAs to update the action posters in the sub-villages! If there is enough time and the participants still seem engaged at the end of the meeting, the facilitator can work on the posters with the CAs.

## C. WEEK 18: FOLLOW-UP MEETING III

 <b>Objectives</b>	<ul style="list-style-type: none"> <li>• To discuss the progress of the social action plans, and to improve the plans</li> <li>• To ensure the sustainability of the actions</li> </ul>
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• Community Activists (15)</li> <li>• Other volunteer for actions</li> </ul>
 <b>Duration</b>	<p>1- 2 hours</p>
 <b>Equipment</b>	<div> <div> <b>Tools:</b> <ul style="list-style-type: none"> <li>• Black cloth; spray glue</li> <li>• Flipchart</li> <li>• Masking tape</li> <li>• Marker pen / crayons</li> <li>• Metaplan</li> </ul> </div> <div> <b>Materials:</b> <ul style="list-style-type: none"> <li>• Happy Village poster with selected six obstacles</li> <li>• 'OBSTACLES, BUT NOT PRIORITIES' table</li> <li>• Social Action Matrix (filled out during previous meeting)</li> <li>• Social Action Matrix (prepare at least five blank copies)</li> <li>• Sustainability plan matrix</li> </ul> </div> </div>
 <b>Agenda</b>	<ul style="list-style-type: none"> <li>• Introduction (5 minutes)</li> <li>• Discussion of plan's progress (20 minutes)</li> <li>• Discussion of next actions (60 minutes)</li> <li>• Revisiting the Ideal Village (10 minutes)</li> <li>• Sustainability discussion (20 minutes)</li> <li>• End of meeting (5 minutes)</li> </ul>

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## 1 DETAILED RUNDOWN

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### (1) INTRODUCTION (5 minutes)

The facilitator should remind the CAs that this is the last meeting that he/she will attend and that he/she is proud of the CAs for everything that they have accomplished.

### (2) DISCUSSION OF PLAN'S PROGRESS (20 minutes)

Repeat the steps in Follow-up Meeting I

### (3) DISCUSSION OF NEXT ACTIONS (60 minutes)

Repeat the steps in Follow-up Meeting I

### (4) SUSTAINABILITY DISCUSSION (20 minutes)

- The facilitator should have the lead CA discuss the questions from the last follow-up meeting. The facilitator should have these 8 questions posted on the board
- The facilitator should ask one CA to lead the discussion and to write the final decision for each question

Questions	Answers (examples)
How will you continue to work to eliminate these obstacles when I am not here?	Will continue to meet every month to discuss and revise actions
How will you communicate with one another?	
How will you coordinate and support each other?	
What will you do if something doesn't work? Who will you report to?	
How do you get wider support from the community members?	Revise the posters in the sub-villages regularly (about the actions)
How do you gain legitimacy amongst the community members?	
What kind of roles do you see the CAs taking in the future?	

**(5) REVISITING THE IDEAL VILLAGE (10 minutes)**

The facilitator should repeat the step as in the previous meeting. It is important to acknowledge the progress made (the ways in which the community is closer to the Ideal Village than at the beginning of the intervention), but also that there are still obstacles to eliminate.

**(6) END OF MEETING (5 minutes)**

- Communication between CAs and the facilitator: The facilitator should explain that the action plan is now completely the responsibility of the CAs. The CAs might ask some questions regarding their expectation of facilitator's future involvement, as listed below:

**May the CAs contact the facilitator and ask the facilitator to attend a meeting?**

The facilitator will probably not be able to attend meetings in the villages. Please explain that the facilitator must conduct similar activities in another village. The facilitator might come from a different region and may need to return to his/her home. However, the facilitator should encourage the CAs to continue holding these follow-up meetings so that they can continue discussing the actions' progress.

**May the CAs contact the facilitator to consult on the action plans?**

Yes, the CAs may contact the facilitator to ask questions, to give updates on the progress of the actions, or just to say hi! It is important to maintain a good relationship between the CAs and the facilitator. However, it is important for the CAs to realize that they best understand the challenges faced by their village, and they know how to best address these challenges. The facilitator should encourage the CAs to consult with one another during regular meetings about the challenges they are facing in their action plans.

**Will the facilitator come back to the village to check on the progress of the action?**

As with the first question, facilitator most probably will not return to the village again. Facilitator might send SMS to check on how the CAs are doing, but more to encourage the CAs and to maintain the good relationship between facilitator and the CAs.

- The facilitator should encourage the CAs to continue on with the action plans to reach their Ideal Village
- The facilitator should take a group photo as a reminder for the CAs of their commitment!

## D. CHECKLIST FOR WEEKS 10, 14, AND 18

### MEETING CHECKLIST

Tick (✓) the box next to the activity that has been completed

FOLLOW-UP MEETING I	FOLLOW-UP MEETINGII	FOLLOW-UP MEETINGIII
<input type="checkbox"/> 1 Reflection and celebration	<input type="checkbox"/> 1 Reflection and celebration	<input type="checkbox"/> 1 Introduction
<input type="checkbox"/> 2 Discussion of plan's progress	<input type="checkbox"/> 2 Discussion of plan's progress	<input type="checkbox"/> 2 Discussion of plan's progress
<input type="checkbox"/> 3 Discussion of next actions	<input type="checkbox"/> 3 Discussion of next actions	<input type="checkbox"/> 3 Discussion of next actions
<input type="checkbox"/> 4 Revisiting Ideal Village	<input type="checkbox"/> 4 Discussion of sustainability	<input type="checkbox"/> 4 Discussion of sustainability
		<input type="checkbox"/> 5 Revisiting Ideal Village

CHAPTER VII  
**ANNEX**

# ANNEX A: INFORMATION ON MNH

This Annex is to be used by the facilitator to improve his/her knowledge on the subject, and is not to be distributed to community members.

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## 1 GENERAL INFORMATION

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Maternal and newborn health is one of the greatest health challenges in Indonesia. A woman dies every hour giving birth. From 2007 to 2012, the maternal mortality rate (MMR) increased from 228 per 100,000 births, to 359 (Basic Health Survey 2007 – 2012, Health Ministry). This is three times higher than the target of the 2015 Millennium Development Goals (MDGs): 102 per 100,000 births.

Many of the problems that lead to poor maternal and neonatal health can be found at the community or facility level. For these types of problems, social accountability is a potential solution for identifying problems and for advocating for solutions. However, social accountability of basic health service providers is not sufficiently developed or used in communities in Indonesia. In 2004, the Health Ministry issued a decree on Health Committees (HC) that would provide the opportunity for the public to collaborate with the Puskesmas and health offices. Unfortunately, only 10 of 542 regency and city governments (1.85%) had acted on this decree by 2013. Even with support from the national government, public engagement around improving health services has been incredibly low.

## 2 LEVER INFORMATION

### (1) BIRTH PREPAREDNESS PLAN

DEFINITION
<p>Birth preparedness means that the mother and family members are assisted by a skilled attendant in thinking about what needs to be prepared for a healthy delivery. The purpose is for the mother, the family, the health providers, and the community members to ensure a safe delivery process that will result in a healthy baby and a healthy mother.</p> <p>A skilled attendant, like a midwife, should help women and families answer some of the questions about delivery, including:</p> <ul style="list-style-type: none"> <li>• What is the estimated due date?</li> <li>• Who will assist with the delivery?</li> <li>• What transportation arrangements to the delivery location need to be made? (If applicable)</li> <li>• What are the costs of delivery and how will the mother pay?</li> <li>• Who is a compatible blood donor?</li> <li>• Who will look after the home and other children while the mother is away? (If applicable)</li> </ul>
BENEFIT
<p>To assist women, their partners, and their families in preparing for childbirth by preemptively making plans for complications that could occur at any time during pregnancy, childbirth or the early postnatal period.</p>
RISK
<p>Many of the complications that result in maternal death or perinatal deaths are unpredictable and their onset can be both sudden and severe. Delay in responding to the onset of labor and such complications due to lack of a concrete plan can lead to mortality</p>
DATA
<p>Indonesia: 79.72% of villages in Indonesia have implemented P4K (Birth Planning and Complication Prevention Program) in 2012. In the program, pregnant women are asked to fill out information on a sticker with a skilled attendant regarding their birth plans. The sticker, which is posted in the pregnant mother's home, has all of the information for the eight points that the mother needs to prepare for a healthy birth.</p>

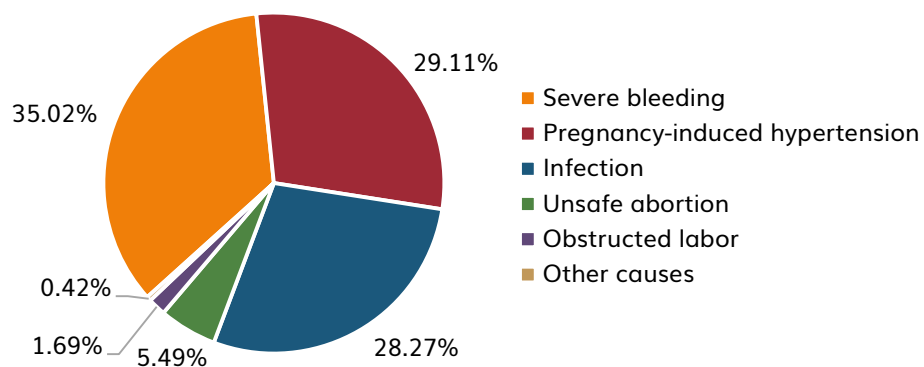


## (2) GIVING BIRTH IN A HEALTH FACILITY WITH SKILLED ATTENDANTS

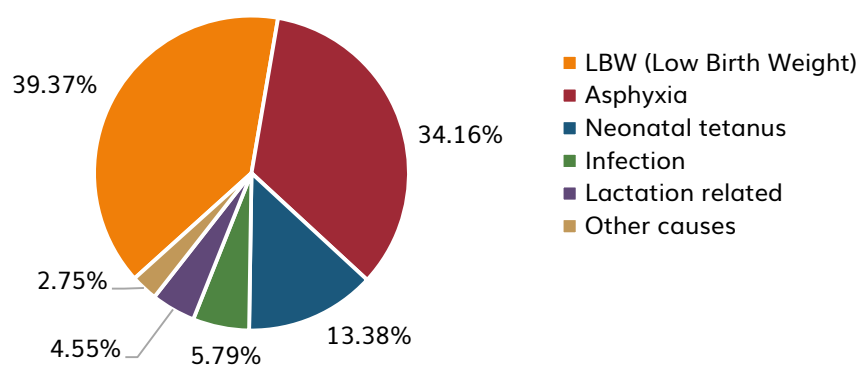
DEFINITION
<p>Birth in a facility means giving birth in a clinic (Puskesmas, Pustu, Poskdes, Polindes) or hospital. Birth at home, at the house of a baby dukun, or in the house of the village midwife does NOT count as giving birth in a facility. A skilled provider is a midwife, a nurse, a doctor or an OBGYN. While a baby dukun could be present at delivery in addition to a skilled provider, unless she herself is a midwife, a baby dukun alone is not considered a skilled provider.</p>
BENEFIT
<ul style="list-style-type: none"> <li>• Having a skilled attendants and adequate equipment at birth is the safest option</li> <li>• Access to more complete medicine, including pain relief, etc</li> <li>• Quick help is available should complications occur</li> </ul>
RISKS
<ul style="list-style-type: none"> <li>• Without a skilled attendant and adequate equipment, complications for the mother and the child, such as bleeding, requiring oxygen, and requiring caesarean sections, would not be addressed in a timely fashion and could be fatal.</li> <li>• The mother must assume a greater level of responsibility regarding her physical and mental health. The family must make decisions in case of an emergency, and they bear the risks and consequences of their decisions.</li> <li>• In the case of a complication that requires a health attendant and equipment, the mother and family would have to arrange for transportation to a health clinic.</li> <li>• The place of birth and equipment used might not be sanitary, increasing the risk for infection.</li> </ul> <p>Giving birth can be dangerous. There are risks for both the mother and baby during delivery. For example, the baby could get caught in the umbilical cord, he/she could have difficulty breathing, the mother could start bleeding heavily, and the mother and baby could both get an infection, which could lead to death if left untreated. Health facilities have special staff, medicine, and equipment that can be used if there are problems during delivery. Since problems during delivery can be unexpected, it is much safer if the mother delivers at the facility, rather than delivering at home and trying to arrange for transportation if something goes wrong.</p>

## DATA

CAUSES OF MATERNAL DEATHS



CAUSES OF NEONATAL DEATHS



## (3) POST-NATAL CARE

## DEFINITION

Postnatal Care is the care of mother and baby by health attendants from birth to six weeks postpartum.

This treatment includes maintaining the health of mother and baby both physically and psychologically, that is:

- Implementation of a comprehensive screening to detect problems and to treat any complications in the health of the mother and baby (e.g. bleeding or infection).
- Provision of health education on self health care, nutrition, family planning, breastfeeding, immunization in infants and healthy infant care (home care, breastfeeding, hygiene, advice on danger signs and care seeking, keeping the baby warm/ kangaroo mother care)
- Provision of family planning services
- Counseling for families to support the mother in her recovery and to provide information on the benefits of breastfeeding and the adequate nutrition for mothers.
- Postnatal care should include at least four visits after childbirth to assess the status of the mothers and newborns. The examination period includes 6-8 hours after delivery, 6 days, 2 weeks, and 6 weeks after delivery

Basic care for all newborns should include promoting and supporting early and exclusive breastfeeding, keeping the baby warm, increasing hand washing and providing hygienic umbilical cord and skin care, identifying conditions requiring additional care, and counseling on when to take a newborn to a health facility. Newborns and their mothers should be examined for danger signs at home visits. At the same time, families should be counseled on identification of these danger signs and the need for prompt care seeking if one or more of them are present. Premature babies, newborns with a low birth weight, and newborns that are sick or are born to HIV-infected mothers, need special care.

Some of the key newborn services include:

- Promotion, protection and support for exclusive breast-feeding.
- Monitoring and assessment of wellbeing and detection of complications
- Rooming-in
- Eye care
- Temperature management (kangaroo mother care)
- Cord care and hygiene
- Salt iodation
- Information and counseling on home care, breastfeeding, hygiene and advice on danger signs and care seeking
- Promotion of ITN
- Recognition of danger signs and timely care seeking.
- Detection and management of local infections, diarrhea, and feeding problems
- Growth monitoring and follow-up interventions

BENEFITS
<ul style="list-style-type: none"> <li>• Postnatal care can reduce the possibility of health problems in mothers and babies</li> <li>• Detect any complications or problems that occur</li> <li>• Ensure any health complications or problems that arise in mothers or babies are urgently addressed</li> <li>• Mothers and families are informed about necessary steps to improve the health of the mothers and their babies</li> </ul>
RISKS
<p>Delayed medical assistance if there is a sudden bleed, infection, or other complication, which could cause death</p>
DATA
<ul style="list-style-type: none"> <li>• 61.59% of maternal deaths occur during the postpartum period of 40 days after birth (BPS 2010)</li> <li>• Complete post-natal check for mothers (KF) in Indonesia (2012): 85.16%</li> <li>• Complete post-natal check for babies (KN) in Indonesia (2012): 87.79%</li> </ul>

## ANNEX B: SOCIAL ACTION STORIES

This section contains factual examples of social actions that have been undertaken by several communities around the world. Please print the following pages and distribute them to the Community Activists during the Survey Results Meeting.

## STORY 1: INDIVIDUAL CHOICE

In some communities, people who are unhappy with the health care they are receiving choose to go to a different provider:

### **Dogiyai: Bad service has led the community to shift to a different provider**

DOGIYAI, 20 Oct. 2013 – The Head of Dedemani Puskesmas in Dogiyai District, Papua, told the media that 15,000 community members in Dogiyai District chose to seek medical attention in the District's Health Hospital (RSUD) Dogiyai, despite the longer distance, instead of their local Puskesmas. They made this decision due to the lack of doctor availability at the local Puskesmas—the assigned doctor was often absent from the Puskesmas.

"I really regret what happened, due to doctor's absenteeism people no longer seek healthcare in my area," the Head of Dedemani Puskesmas said. "I will do my best to improve the services here so people will come back and seek the healthcare in the Puskesmas."

The head of the sub-village (dusun) in Dogimani, Piter Tagi, shared his own bad experiences in going to the local Puskesmas: "The doctor came very late, so it's too bad that I have to seek medical treatment in another place. I actually want to appreciate and love the health facility in our own area, but this is necessary to make the Puskesmas improve their service. (PAPUA POS NABIRE)

*Summarized from*

*<http://www.papuaposnabire.com/index.php/kabar-dari-papua-tengah/21-dogiyai/509-dokter-tak-ditempat-warga-dogiyai-memilih-berobat-ke-rsud-dogiyai>*

## STORY 2: INDIVIDUAL COMPLAINT, PETITION OR SUPPLICATION

In some communities, people who are unhappy with the health care they are receiving complain to the providers or to officials and ask them to make improvements.

### **Cipayung: Voice Complaints by Writing to 'Reader's Letter' Poskota**

CIPAYUNG, November 2013 – Community members complained about the quality of the service of Puskesmas staff in Cipayung Village. After receiving these complaints, the Health Department Officials for East Jakarta, Yudhita, went to investigate the Puskesmas directly. "We have assembled a team to check the reports from the community members," she stated. One of the complaints regarding the Puskesmas was in the format of a Reader's Letter in the newspaper *Poskota*, which detailed the case. "The Puskesmas in Cipayung Village was closed at 11:30, even though it should be open from 08:00-12:00 and 13:00-16:00. I came back at 13:00 and it was still closed. When I asked why it was closed, one Puskesmas staff said 'the doctors are in a meeting.'" The investigation report said that the doctors at the Puskesmas had to complete another task (to check the health of those who will go to Mecca – Haji). Yudhita promised that the quality of the Puskesmas will be improved and encouraged the community members to report any problems with the Puskesmas. When Pos Kota (local media) returned to the Cipayung Puskesmas approximately one month later, the Puskesmas was open during operational hours, and they found that it was well organized. (POS KOTA)

Summarized from

<http://poskotanews.com/2013/11/07/pelayanan-puskesmas-cipayung-dikeluhkan-warga/>

### STORY 3: COLLABORATIVE PROBLEM SOLVING AND MUTUAL COMMITMENT TO IMPLEMENTING SOLUTIONS

In some communities, people who are unhappy with the health care they are receiving arrange for meetings with doctors and nurses or health officials. During these meetings, they work together to develop solutions to problems with health service delivery, and then they agree to implement those solutions.

#### **Garassikang Community's Cooperation Results in Access to Clean Water**

People of Garassikang in Jeneponto Regency have had a problem with access to clean water for a long time. Many women and children had to walk and carry the water for miles every single day. They have been trying to write a proposal for digging a well through the National Program for Community Empowerment (PNPM) and Village Development Planning (Musrenbang). Unfortunately, this plan was never approved nor implemented.

Finally in 2011, several community members decided to take the matter into their own hands. They gathered and discussed what they can do to improve the situation. The discussion began with distributing task of finding funding and labor to accomplish build the well. They fundraised and were able to collect around Rp 500.000 for initial capital. This was used to hire people to start the digging process for the well. When the digging process started to show some results, they informed the rest of the community so that the larger community could also contribute to this effort. They received positive responses and more residents joined the effort. The men contributed their labor and money, while the women helped prepare meals for all of the workers and donated rice, vegetables, and food. A community member also donated the land used to build the well because he realized that it was for the common good.

Now, the people of Garassikang are able to access clean water easily through a collaborative effort of the community. They also formed a committee for water management and agreed on well management regulation so that the water will be enjoyed for a long time. (DIDIK / STAFF PATTIRO JAKARTA)



## STORY 4: EXAMINING BETTER-PERFORMING SERVICES

In some communities, people who are unhappy with the health care services they receive visit places where health care is working better, so they can learn what they can do to improve their own health services.

### **African Community Studied Health Facility in Neighboring Village and Lobbied for Funding**

In one district in Africa, community members noticed that the clinic in their village was very poor quality, while the clinic in the neighboring district was much better. Their clinic was unhygienic and only had two staff members serving around 4,000 patients, while the clinic in the neighboring district had 5 staff members and better equipment.

They asked to meet with the medical officer in charge of their clinic to discuss why the clinic's quality in the neighboring district was better than their own clinic.

During the meeting the health care workers learned about the community's concerns and the community members came to better understand the problems facing their clinic. Together, they wanted to improve the services in the clinic by learning what the neighboring district had done. The health care workers and the representatives of the community gathered data on the condition of the neighboring clinic through personal visits and meetings with health officials there.

They learned that the clinic in the neighboring districts were able to access the District's fund, which allowed them to have more staff and better equipment. Upon learning this, the clinic and community members tried to voice their concerns to the District.

After this effort, the community successfully convinced the district to provide funds to construct a new health clinic. Once the clinic was built, four new staff members, including two midwives, were recruited, and the district purchased new equipment. The clinic now serves 11,000 people out of a catchment area of 7,000-10,000, meaning many people from outside the district come to the clinic due to its good quality. Of the women who have received antenatal services, 70 percent have returned to the clinic to give birth and receive more services, far surpassing the government target of 50 percent. (WORLD VISION)

Source:

[http://www.worldvision.com.au/Libraries/3\\_3\\_1\\_Children\\_PDF\\_reports/Citizen\\_Voice\\_and\\_Action\\_Civic\\_demand\\_for\\_better\\_health\\_and\\_education\\_services.pdf](http://www.worldvision.com.au/Libraries/3_3_1_Children_PDF_reports/Citizen_Voice_and_Action_Civic_demand_for_better_health_and_education_services.pdf)

## STORY 5: SOCIAL DEMONSTRATION OR PROTEST

Citizens could demonstrate to target underperforming providers or civil servants, like the district medical officer, who are not doing enough to improve health care.

### **Yanomami and Yekuana Indians: Demonstration to Reelect Health Coordinator**

Yanomami and Yekuana Indians are the indigenous community in the Amazon rainforest in Brazil. For years, they have enjoyed good quality healthcare through a health coordinator who had been living there for years and was familiar with their health concerns. The Indians are particularly vulnerable as they have little resistance to outside diseases. With thousands of gold miners coming in and operating illegally on their land, polluting their rivers and transmitting diseases, it is very important that they have a health coordinator who understand their specific needs.

However, a new health coordinator was appointed in 2011. The new person had little experience with the indigenous community, was unable to speak their language, and thus was unable to provide good quality service. It seemed clear to the community that the new health coordinator had been nominated solely for political reasons.

The Indians were outraged by this nomination. They led protests for weeks so that they could continue to receive good healthcare. Their protests included sending letters to the Brazilian authorities and the UN, urging them to take action on this serious issue. They even seized an airplane used by health workers in the Yanomami territory as part of their protests against the corruption in the health system. Their protests led to the appointment of their preferred candidate for health coordinator: the same person who had worked closely with the Yanomami for years, and who has been providing good quality healthcare. A Yanomami spokesman said, "Now we Yanomami are very happy with our fight for our right to receive good healthcare services."

*Source: summarized from <http://www.survivalinternational.org/news/7394>*

## STORY 6: DEVELOPING AND ADVOCATING FOR REFORMS TO IMPROVE HEALTH CARE

People who are unhappy with the health care they are receiving could brainstorm solutions and then take those proposals to their fellow community members to be implemented. Sometimes they need to do this repeatedly, but eventually they get what they are asking for.

### Grobogan Village: Community Members Work in a Team to Reduce Open Defecation

In 2010, the community members of Grobogan Village worked with a local organization to improve the village's sanitation. Indonesia has long tried to battle the issue of sanitation through providing public toilets. However, the simple availability of toilets did not always change the mindset of people, who were used to open defecation. There was no sense of ownership of government-constructed public toilets, and nobody bothered to maintain them. Often, the toilets were used as chicken coops or storage spaces, while villagers continued to defecate in the fields and by water sources.

Members of the Sanitation Entrepreneurs Association of Grobogan (Papsigro) try to reduce open defecation by ensuring that every household has a toilet. Papsigro was established in 2011 and consisted of a watermelon seller, a rice farmer, a mason, a retired government health official, and a *kyai* or Islamic scholar from different villages within the district. They came individually to a training offered by a local organization to set up sanitation-related businesses, and then the 30 members divided themselves into groups specializing in different areas.

Fifty-year-old Pak Pardiyanto focuses on manufacturing the actual closets, which he sells for as little as IDR 40,000 (\$4). Forty-four-year-old Pak Suminto, the "latrine package" specialist, sources toilets and installs them. Sixty-seven-year-old Pak Iwan, a retired health department specialist, keeps up with the latest toilet research. There are technicians, fiberglass mould makers, and even a local Islamic scholar, 39-year-old Pak Umar.

Ibu Siticoma, mother of five grown children, cannot stop giggling with embarrassment when talking about the latrine. "We used to just go outside, under the trees," she says before covering her mouth in a fit of laughter. "But my son thought it was dangerous. We could slip and fall, or get bitten by snakes. So he asked Pak Suminto to build us one [toilet] inside." She breaks out into another round of laughter. "It's very good now. Safe and comfortable, even if it's raining." Within two years, 150 of the 153 target villages in Grobogan, were open defecation-free. (THE HINDU TIMES)

*Summarized from*

<http://www.thehindu.com/todays-paper/tp-opinion/indonesias-toilet-trojans/article5412345.ece>

## STORY 7: TALKING TO JOURNALISTS / LOCAL MEDIA TO PUBLICIZE PROBLEMS

Often local journalists and media can be powerful allies in helping citizens publicize problems with health services, which can put pressure on underperforming service providers to improve.

### **Media Reports Raised Awareness on Vaccine Unavailability in Ngada Regency**

In Ngada District, NTT, people successfully proposed an anti-rabies vaccine budget allocation of Rp 40 million in the 2013 local government budget amendment. Previously, Ngada Regency relied on the vaccine stocks from the Special Allocation Fund of Health from the central government. Unfortunately this was never adequate due to the high number of dog bite cases in the area. The fund from the Central Government was apparently only enough for 175 patients, which not close to enough for a year. By May of 2013, the vaccines were already out of stock. Realizing that this was a huge problem, the community members sought the local mass media to publicize it. The bad news on vaccines was then prominently featured and published in the local media Ngada Mandiri and was reported by other local journalists organized in Bajawa Media Club (BMC). Finally, the District Government listened to their complaints and approved the budget changes in early November of 2013. Now, Ngada District has enough vaccines to cure the community members who have been bitten by dogs. (DIDIK / STAF PATTIRO JAKARTA)

## STORY 8: WORKING THROUGH A 'BROKER' WHO COULD LINK COMMUNITY DEMANDS WITH ALLIES IN THE GOVERNMENT

A community that is unhappy with the quality of healthcare they are receiving can ask for help from a member of their community who is good at getting government officials to be responsive to community needs.

### Cikurur: Pak Oni, a Community Activist

Pak Oni is a regular community member in Lebak District, Banten. He learned about his rights as a citizen to petition the government for better services and gained significant advocacy skills from an NGO. He knows a lot about different persuasive methods: asking persistently, invoking religious duty, and shaming. He also knows about a lot government programs that should be accessible to citizens, such as annual grants to establish and run ECCD (Early Childhood Care and Development) centers in the village, health insurance, and programs to get equipment for the Rice Farmers' association (Gapoktan). Moreover, he spent a lot of time writing letters to government agencies to ask for information regarding their programs and their budget plans. Once, he managed to initiate road construction after a series of advocacy efforts with the Public Works office. Although Pak Oni does not formally hold any position in the village, the villagers have come to know him as the go-to-guy to talk to about community problems because he can connect them to specific government employees. His village did not have a health facility and community members had to travel to the Puskesmas to access even the most basic healthcare. **Community members sought help from Pak Oni to address this issue.** Pak Oni organized meetings between the community members who felt strongly about having a Poskesdes in the village, the District's Health Department, and several other donors to provide funding. Pak Oni also organized open donations for community members who wanted to provide support (such as cement, woods, and rocks) for the construction. The Poskesdes was completed in 2012, and is now used by community members in the village. (PANDJI & ANYEP / STAF PATTIRO BANTEN)

## STORY 9: HIGHLIGHTING HIGH PERFORMING PROVIDERS OR NAMING AND SHAMING UNDERPERFORMING PROVIDERS

Citizens could reward high performing providers with praise or other social recognition and/or sanction poorly performing providers by failing to include them in village events or by ignoring/ shunning them.

### **Banyuasin Residents Reported Outstanding and Underperforming Government Service Providers**

Community members in Banyuasin District recognized that not all of the government officers in their area were working diligently. In some cases, the community members went to meet officials but couldn't find them in their offices. Community members then met with a local organization (Pengabdi Putra Banyuasin/PBB) regarding this issue. Based on the discussion, it was agreed that it is important to name the high performing officials to encourage them to keep up the good work, and also to name the underperforming officials in order to shame them into performing better.

The head of PBB then held a press conference to publicize this finding. He criticized several Department Heads in Banyuasin District for absenteeism. Community members provided him with information on the department's performance throughout the year. With this information, he named the underperforming Department Heads and praised several of the Departments that were performing well. According to community members' report, the Department Head of PU (Public Works) received the most complaints for absenteeism and for being unavailable for meetings. (PALEMBANG POS)

*Summarized from*

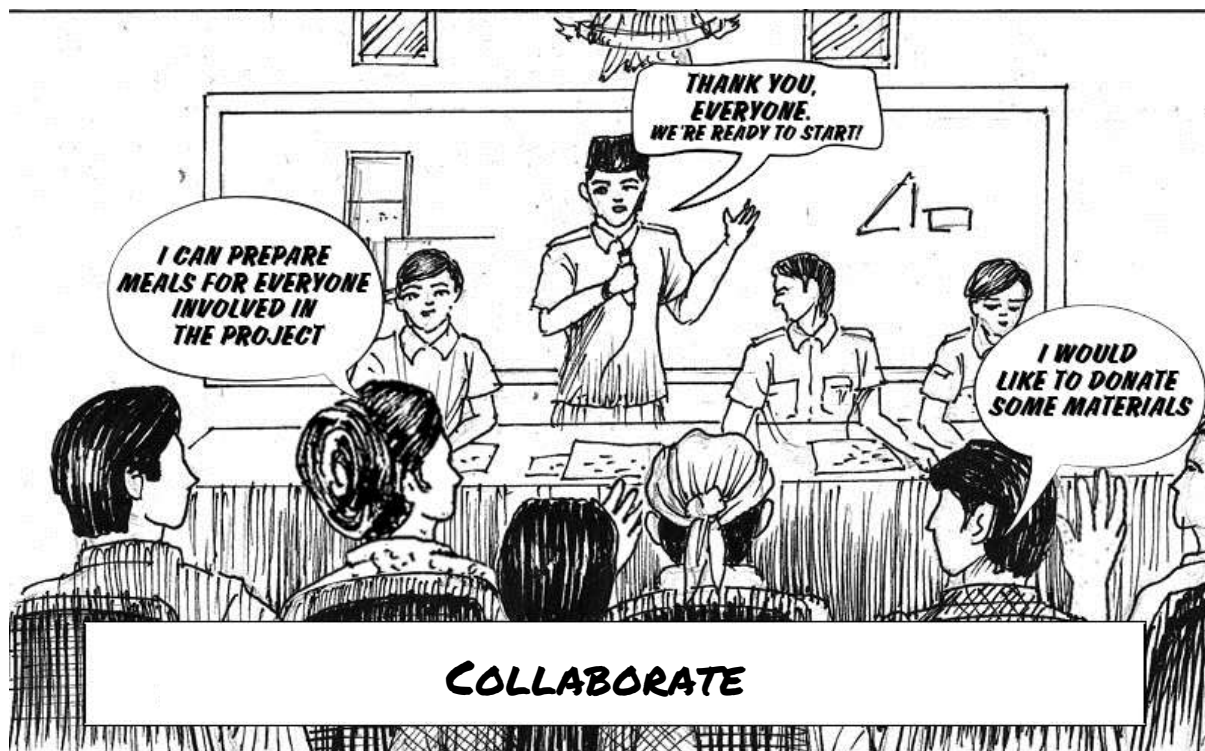
[http://palembang-pos.com/index.php?option=com\\_content&view=article&id=6350:kadis-puck-dituding-jarang-ngantor&catid=49:sumsel-raya&Itemid=62](http://palembang-pos.com/index.php?option=com_content&view=article&id=6350:kadis-puck-dituding-jarang-ngantor&catid=49:sumsel-raya&Itemid=62)

# ANNEX C: SOCIAL ACTION ILLUSTRATIONS

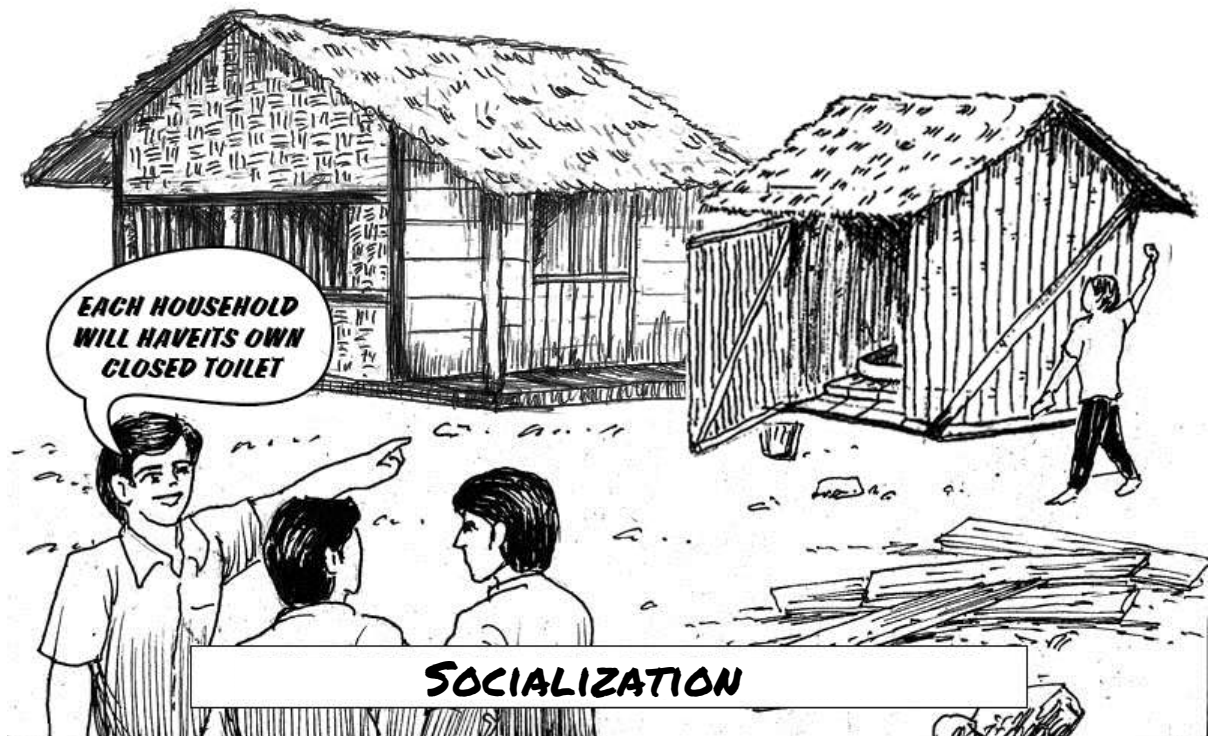
This Annex is to be used by facilitators when explaining each of the social actions.













# ANNEX D: ICEBREAKER EXAMPLES

## 1 FINDING YOUR SOULMATE (LEARN TO WORK TOGETHER)

TOOLS	DURATION
Paper, scissor	10 minutes
HOW TO PLAY	
(1) Divide the participants into two groups. One group is the "If" group, and the other group is the "then" group. Ask each person to write a sentence based on their group categorization and related to the materials	
(2) Example, for group "if.." each person can write something like	
Person 1	If community members work together...
Person2	If the midwife stays in the village...
(3) Example, for group "then..." they can write something like	
Sentence 1	Then, all mother and Child are Healthy and happy
Sentence 2	Then, no more maternal and neonatal death in the village
(4) Facilitator asks each group to make a line, each person facing another person from the other group.	
(5) Ask one person from group "if" to read the first sentence:	
If CAs all work together	
(6) Ask the person in front of him/her (from the "then" group to read their sentence:	
Mother and Children are healthy and happy	
(7) Repeat the exercises until all the sentences are read.	
(8) Display all of the complete sentences on a big paper so that the participants can see the complete version of the sentences.	

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## 2 'PLEASE STAND UP, IF...' (FOR INTRODUCTION)

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TOOLS	DURATION
Paper, scissor	10 minutes
HOW TO PLAY	
<p>(1) As participants to sit in a big circle, and then the facilitator stands up in the middle</p> <p>(2) Explain the rules of the game: Every time the facilitator says a sentence that resonates with a participant, he/she should stand up. For example, "I was born in this village," participants who were born in this village should stand up. Give one practice round to help the participants understand the rules.</p> <p>(3) Prepare sentences that are relevant to the participants' situation and background, ensure everyone will have chance to stand up. For example</p> <p style="text-align: center;">I have two children I am a farmer I have more than two children I am a brave man I am a hard worker</p> <p>(4) After finishing this game, ask the participants to introduce themselves by stating their name, their address (sub village), and one interesting fact about themselves. Example: "My name is Rohma, I am from Puntondo sub village, and I am good at cooking Coto Makassar."</p>	

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### 3 COUNTDOWN (TO LEARN TO CONCENTRATE)

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TOOLS	DURATION																				
-	10 minutes																				
HOW TO PLAY																					
<p>(1) Ask participant to stand up and make a big circle, ask them to count (the first person say "1", the next person say '2', and so on.</p> <p>(2) When counting, ask the participant whose number contains '5' such as 5, 51, 52 or its multiplies (10, 15, 20) to not say the number, but instead clapping hands. For example:</p> <p>(3) Whenever a participant makes a mistake, the game starts from the beginning. Repeat 3-4 times.</p> <table><tr><td>Person 1</td><td>1</td></tr><tr><td>Person 2</td><td>2</td></tr><tr><td>Person 3</td><td>3</td></tr><tr><td>Person 4</td><td>4</td></tr><tr><td>Person 5</td><td>clap</td></tr><tr><td>Person 6</td><td>6</td></tr><tr><td>Person 7</td><td>7</td></tr><tr><td>Person 8</td><td>8</td></tr><tr><td>Person 9</td><td>9</td></tr><tr><td>Person 10</td><td>clap</td></tr></table> <p>.</p> <p>TIPS:</p> <ul style="list-style-type: none"><li>• Facilitator can use other number besides '5'</li><li>• Facilitator can also use the countdown instead of starting from 1, but can start from 60 or 50 and discuss which method is the hardest and why.</li></ul>		Person 1	1	Person 2	2	Person 3	3	Person 4	4	Person 5	clap	Person 6	6	Person 7	7	Person 8	8	Person 9	9	Person 10	clap
Person 1	1																				
Person 2	2																				
Person 3	3																				
Person 4	4																				
Person 5	clap																				
Person 6	6																				
Person 7	7																				
Person 8	8																				
Person 9	9																				
Person 10	clap																				

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## 4 FINDING YOUR FAMILY

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TOOLS	DURATION
Small pieces of paper	5 minutes
HOW TO PLAY	
<p>(1) Write animal sounds on pieces of paper. The kinds of sounds depend on how many groups you want to have.</p> <p>(2) If you plan to divide participants into 5 groups, prepare 5 kinds of sounds. For example: meong, kukuruyuk, cit-cit, petok-petok, kwek-kwek, etc.</p> <p>(3) Write each sound on 4 pieces of paper (or however many people will be in each group).</p> <p>(4) Ask everyone take one piece of paper, and then to open it together.</p> <p>(5) Ask participants to find the group members with the same sound written in their paper. Participants are not allowed to speak; they can only make the sound of the animal.</p> <p>(6) Give them 4 minutes to find their group members.</p> <p>This game will help divide the participants into groups before discussions start.</p>	



# ANNEX E: LEAFLETS

The next six pages contain printable flyers to be used and/or distributed as explained below.

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## LEAFLET 1: PROGRAM EXPLANATION

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Facilitators should hand out this leaflet during the first 2 weeks during the village meetings (intro meeting, cadres meeting, meeting with village head, etc.) to spread program information, to explain the role of the CAs, and to encourage people to contact the facilitators with recommendations/volunteers for the CA positions.

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## LEAFLET 2: CA ANNOUNCEMENT

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This leaflet should be filled out after the CAs names are finalized. The leaflet should then be posted in strategic places in the village.

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## LEAFLET 3: SURVEY RESULTS INFORMATION

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This leaflet should be distributed to the CAs during the survey results presentation in the survey results meeting. Facilitators should fill out the information based on the survey results before distributing it to the CAs.

Do you want to get involved?  
Or do you know anyone to be recommended?

Let's join together as a part of change



Contact:

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## Do you know...?

that in Indonesia within the year of 2013

- 9.352 Mothers **died** due to pregnancy & giving birth  
Equal to **25 deaths per day**  
or **a death per hour**
- 148.800 newborns/infants died  
Equal to **413 deaths of newborn/infant**  
**per day** or **17 deaths per hour**
- **48% died** in the first month of life



\*data Global Burden Disease tahun 2013

# Together we shall improve the maternal and newborn health in our village

## HOW ?

- 1** By identifying and discussing the issues of maternal and newborn health
- 2** By planning and implementing joint actions to overcome these issues



## WHO?

People in this village who want to get involved as  
**Community Activists**



## Series of Activities

Meeting  
with Village  
Head

Introduction  
Meeting

Meeting with  
Health  
Cadres

- Recruitment of  
Community Activ-  
ists

- Maternal and  
Newborn Health  
Survey

- Discussing the  
Survey Result

- Planning the  
Social Actions

Presenting the  
Social Action  
Plans to the  
whole village

Discussing  
the result of  
Social Actions

# COMMUNITY ACTIVISTS FOR COMMUNITY SOCIAL ACTION

The following are names of the Community Activists (CA),  
who have volunteered and are committed to improve the status of  
Maternal and Neonatal Health in \_\_\_\_\_ Village:

NAME	SUB- VILLAGE	NAME	SUB- VILLAGE
(01)		(09)	
(02)		(10)	
(03)		(11)	
(04)		(12)	
(05)		(13)	
(06)		(14)	
(07)		(15)	
(08)			

Next, as representative of the community in \_\_\_\_\_, the above  
Community Activists will **discuss the results of the village survey** on maternal  
and child health, and will **plan concrete community actions to improve village  
MNH.**

The plan will be shared with the larger community during the Open Meeting,  
which will be conducted on \_\_\_\_\_. Anyone interested in  
improving MNH in this village is invited to come!

# BIRTH PREPAREDNESS PLANNING

Birth preparedness means that the mother and family members are assisted by a skilled attendant in thinking about what needs to be prepared for a healthy delivery. The purpose is for the mother, the family, the health providers, and the community members to ensure a safe delivery process that will result in a healthy baby and a healthy mother. A birth preparedness plan should include the following:

- (1) Delivery location
- (2) Skilled attendant who will assist with the delivery
- (3) Arrangements for transportation to the delivery location (if applicable)
- (4) Understanding the cost of delivery and ensuring ability to pay
- (5) Identification of a compatible blood donor
- (6) Identification of a person to care for other children while mother is in labor (if applicable)

## BENEFITS

- (1) Healthy delivery!
- (2) Reduced chance of death or long term complications
- (3) Involvement of the family and community in ensuring a healthy pregnancy and delivery

## RISKS

In the case of delivery complications, ill preparation could lead to delays in getting care from a skilled attendant

## BIRTH IN A FACILITY WITH A SKILLED ATTENDANT

Birth in a facility means giving birth in a Puskesmas, Pustu, or other approved health facility. The health facility should have necessary equipment, supplies, drugs, and the ability to arrange for transportation to referral facilities for emergencies. Equipment and supplies that should be present at the health facility include: Plastic sheet, Razor, Cord tie, delivery equipment (suction machine, etc).

Birth with a skilled attendant means delivery assisted by a midwife, nurse, doctor, or other medical professional. These medical professionals have special skills to prevent infection, actively manage the third stage of labor, hygienically cut and tie the umbilical cord, and they know what to do in case of an emergency. Baby dukuns and other traditional birth attendants are not skilled attendants.

BENEFITS	RISKS
<ul style="list-style-type: none"><li>(1) Special staff, equipment and medicine should be available</li><li>(2) Help with birth complications</li><li>(3) Reduced chance of death (for mother and baby)</li></ul>	<ul style="list-style-type: none"><li>(1) No help if the baby becomes stuck during delivery</li><li>(2) Increased risk of infection for mother and baby</li><li>(3) Difficulty arranging transport</li></ul>

# POST-NATAL CARE FOR MOTHER AND BABY

The postnatal period is a critical period for both the mother and the baby; the most vulnerable time is in the hours and days after birth. Not having care during this period can lead to serious consequences such as disability or death. It also presents a missed opportunity to promote healthy behaviors that affect the mother and baby.

Postnatal care for the mother means check-ups on the mother's health with a skilled health provider as soon as possible after giving birth. These check-ups should happen within one week of giving birth, but ideally within the first day. These check-ups are important for the early detection of complications in mothers after birth, to help ensure that mothers know how to care for their babies, and to ensure that mothers stay healthy during the postpartum period. During these check-ups, the health professional should:

- (1) Check on the mother's physical body, such as checking for bleeding, taking her blood pressure, and taking her temperature
- (2) Counsel the mother on the importance of breastfeeding and nutrition, and teach her about danger signs for both herself and her baby
- (3) Give the mother important supplementation, such as vitamin A to take during the visit and the second day

Postnatal care for the newborn means a check-up on the baby's health by a skilled health attendant within 48 hours of delivery. These checks are important for the early detection of health problems in the newborn and to ensure the baby stays healthy. During these check-ups, the health professional should:

- (1) Check the baby's body for danger signs: weigh the baby and check the baby's umbilical cord
- (2) Administer important immunizations, such as Hepatitis B
- (3) Give important supplements, such as vitamin K1 and eye cream

## BENEFITS

- (1) Early detection of problems leads to faster response
- (2) Reduced possibility of death
- (3) Information for the new mother about caring for her baby

## RISKS

Complications, which could result in death or permanent disability

# ANNEX F: LIST OF MOTHERS

The annex on the following page is to be handed out to Posyandu cadres and other potential informants to get information about women who gave birth in the last two years.



LIST OF MOTHERS  
(who gave birth in the last two years)

Name of Informant	Position of Informant

Tick the box when action is completed

- |   |  |
|---|--|
| <input type="checkbox"/> The list has included mother(s) who visited the health facilities (Posyandu, Puskesmas, Poskesdes/ Polindes/ Pustu, etc) during pregnancy        | <input type="checkbox"/> The list has included mothers who gave birth in the facility                                |
| <input type="checkbox"/> The list has included mother(s) who DID NOT visit the health facilities (Posyandu, Puskesmas, Poskesdes/ Polindes / Pustu, etc) during pregnancy | <input type="checkbox"/> The list has included mothers who DID NOT give birth in the facility                        |
|   | <input type="checkbox"/> The list has included mothers whose child passed away due to miscarriage or died after born |

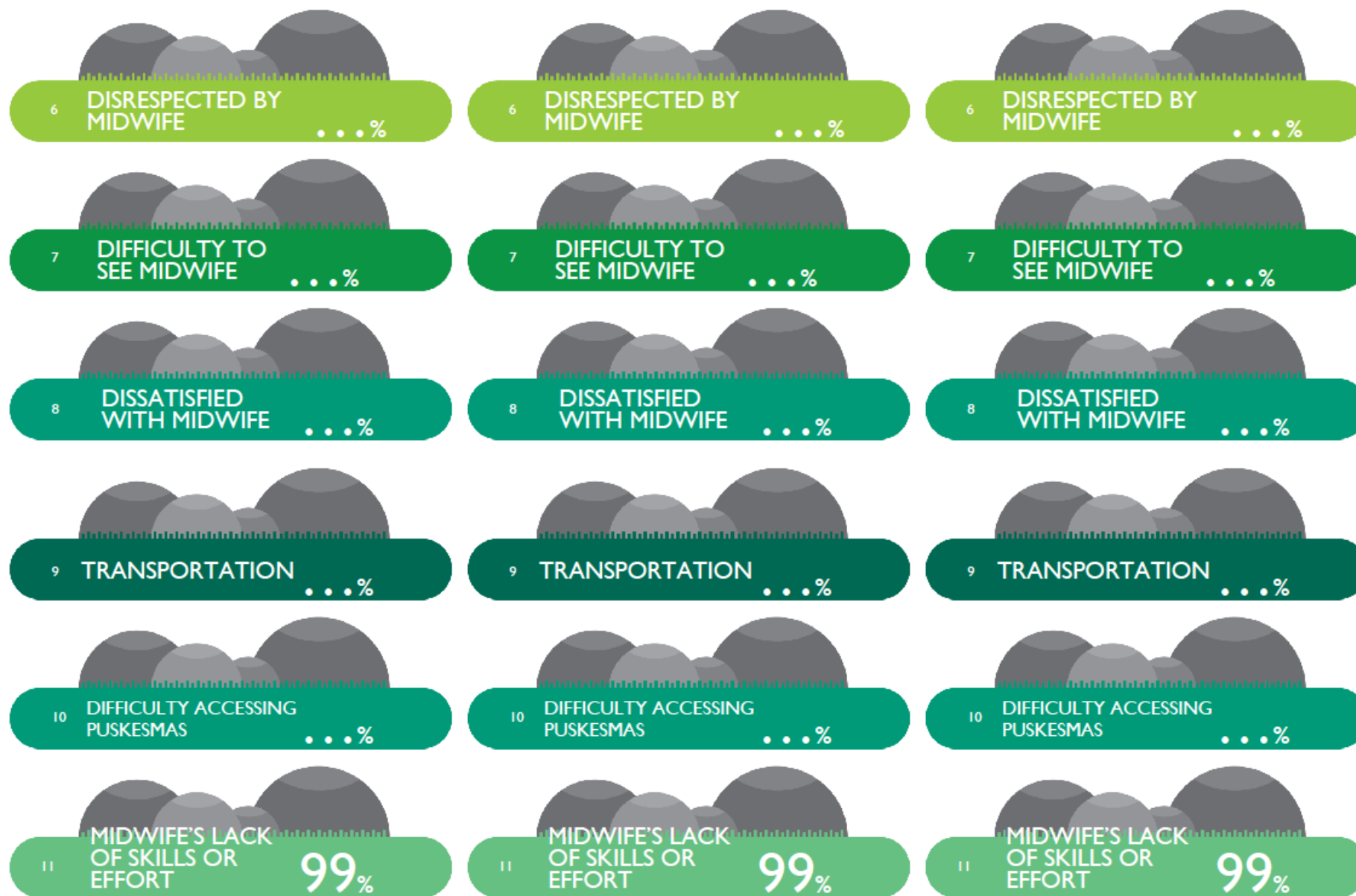
[illegible]

## ANNEX G: OBSTACLES

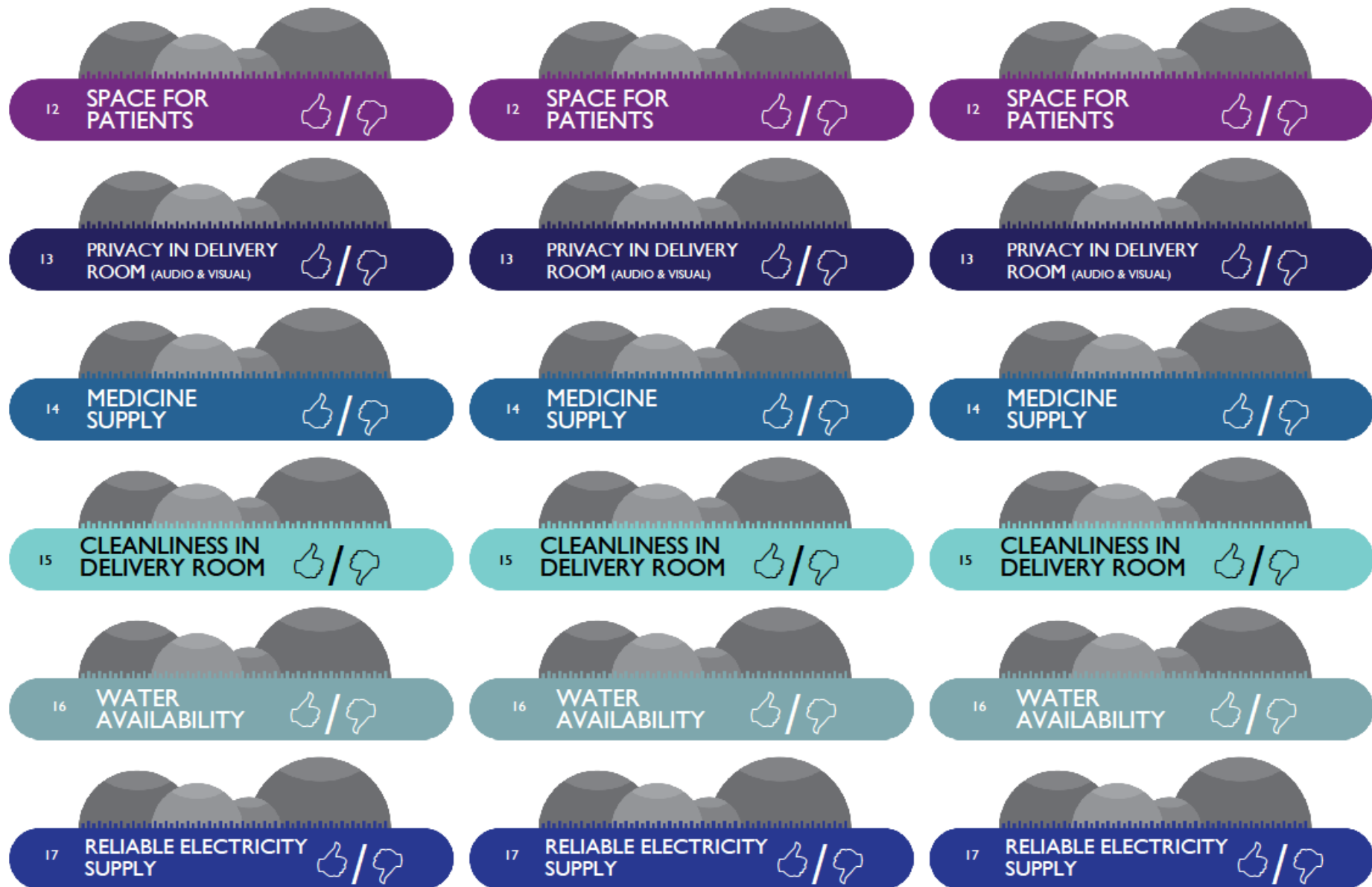
## CATEGORY 1: SPECIFIC OBSTACLES



## CATEGORY 2: GENERAL OBSTACLES



## CATEGORY 3: OBSTACLES FROM FACILITY SURVEY





18

EQUIPMENT



18

EQUIPMENT



18

EQUIPMENT



19

COST INFORMATION  
AVAILABLE



19

COST INFORMATION  
AVAILABLE



19

COST INFORMATION  
AVAILABLE



20

OPERATIONAL HOURS  
INFORMATION



20

OPERATIONAL HOURS  
INFORMATION



20

OPERATIONAL HOURS  
INFORMATION



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